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Implementation of the International Covenant on Economic, Social and Cultural Rights

Initial reports submitted by States parties under articles 16 and 17 of the Covenant

Mauritania*

[20 August 2009]

* In accordance with the information transmitted to States parties regarding the processing of their reports, the present document was not formally edited before being sent to the United Nations translation services.

List of abbreviations

AF	Year of primary school
ARI	Acute respiratory infections
AS	Year of secondary school
CFPE	Pre-school Training Centre CFPM Mahadra vocational training centre
CNAM	National Health Insurance Fund
CNSS	National Social Security Fund
CRS	Cost recovery system
DREN	Regional Directorate for National Education
DRH	Directorate for Human Resources
ENI	Primary School Teacher Training College
ENS	Higher Teacher Training College
ENSUP	Higher education
EPCV	Permanent household survey
FAP-FTP	Autonomous Fund for the Promotion of Technical and Vocational Training
FNARS	National Federation of Reception and Social Integration Associations
FTP	Technical and vocational training
GAR	Gross admission rate
GER	Gross enrolment rate
HIPC	Heavily Indebted Poor Countries (HIPC) Initiative
IEC	Information, education and communication
IGA	Income-generating activities
ILO	International Labour Organization
INAP-FTP	National Institute for the Promotion of Technical and Vocational Training IRM Islamic Republic of Mauritania
MASEF	Ministry for Social Affairs, Children and the Family
MDGs	MDGs
MEN	Ministry of National Education
NGO	Non-governmental organization
MSAS	Ministry of Health and Social Affairs
ONMT	National Office of Occupational Health
ONS	National Statistics Office National Report on Sustainable Human
RNDHD	Development
USB	Basic health clinics

PDSAS	Health and Social Affairs Development Programme
PDU	Urban Development Programme
PMA	Minimum activity package
PNDSE	National Programme for Educational Development
SFPR	Strategic Framework for Poverty Reduction
SMIG	Guaranteed minimum inter-occupational wage
SNIS	National Health Information System
UM	Mauritanian ouguiyas
WFP	World Food Programme

List of tables

		Page
Table 1.	Gross enrolment rate by wilaya and by sex, 2004/05 to 2006/07	72
Table 2.	Participation rate of girls by wilaya, 2004/05 to 2006/07	73
Table 3.	Gross admission rate by wilaya and by sex, 2004/05 to 2006/07	74
Table 4.	Percentage of all-age schools by wilaya, 2004/05 to 2006/07	75
Table 5.	Retention rate by wilaya, 2005/06 to 2006/07	76
Table 6.	Number of new entrants in the first year of secondary school by wilaya, 2005/06 to 2006/07	77
Table 7.	Transition rate in the first year of secondary school by wilaya, 2005/06 to 2006/07	77
Table 8.	Percentage of girls in the first secondary cycle by wilaya, 2005/06 to 2006/07	78
Table 9.	Repeat rate by wilaya and by sex, 2001/02 to 2003/04	84
Table 10.	Student/teacher ratio by wilaya, 2004/05 to 2006/07	85
Table 11.	Total student/professor by wilaya, 2003/04 to 2006/07	86
Table 12.	Repeat rate for girls in the first secondary cycle by wilaya, 2005–2007	86

Contents

		Paragraphs	*Page*
	List of abbreviations		2
	List of tables		4
I.	Introduction	1–6	7
II.	General description of the Islamic Republic of Mauritania	7–129	7
	A. General information	7–29	7
	1. Territory	7–10	7
	2. Population	11–15	8
	3. Economic data	16	9
	4. Political and institutional developments	17–29	9
	B. General legal framework for the protection and promotion of human rights	30–43	11
	1. Administrative and judicial authorities with competence in the field of human rights	30–39	11
	(a) National Commission for Human Rights, Humanitarian Action and Civil Society	31–34	11
	(b) Ministry for Social Affairs, Children and the Family	35–39	12
	2. Judicial authorities	40–43	13
	(a) Constitutional Council	40–42	13
	(b) Courts and tribunals	43	13
	C. Order No. 2007–012 of 8 February 2007 on the organization of the judiciary	44–106	13
	D. Available remedies	107–108	21
	E. Other institutions or bodies with competence in the field of human rights	109–129	22
	1. Ombudsman of the Republic	109–113	22
	2. National Human Rights Commission	114–129	22
III.	Implementation of the substantive provisions of the International Covenant on Economic, Social and Cultural Rights (arts. 1–2 and 9–15)	130–561	26
	Article 1 The right to self-determination	130–135	26
	Article 2 The rights of non-citizens, non-discrimination and participation in cooperation	136–137	26
	Information relating to specific rights (arts. 6–8)	138–149	27
	Article 9 Social security	150–208	28
	Article 10 The rights of children, women and the family	209–232	36

	Article 11 Standard of living of the population, the right to adequate food and the right to adequate housing	233	38
	Article 12 National health policy	234–356	39
	Articles 13 and 14 The right to education	357–532	65
	Article 15 Legislative and other measures undertaken to ensure the exercise of the right of everyone to take part in the cultural life of their choice	533–561	99
IV.	Conclusion	562–567	103

I. Introduction

1. This initial report is submitted by the Islamic Republic of Mauritania in accordance with article 17 of the International Covenant on Economic, Social and Cultural Rights (1966).

2. It was prepared in accordance with the guidelines of the Committee on Economic, Social and Cultural Rights on the preparation of reports.

3. It comprises two parts: Part I, an overview of the Islamic Republic of Mauritania, and Part II, on the implementation of the substantive provisions of the International Covenant on Economic, Social and Cultural Rights.

4. The delay in preparing the report and submitting it to the Committee is the result of the institutional changes that followed the political transition (2005–2007), and particularly the dissolution of the former National Commission for Human Rights; of efforts to combat poverty and achieve integration; and of the transfer of the Human Rights Office, which was in charge of drafting reports for the treaty bodies, initially to the Ministry of Justice and subsequently to the new National Commission for Human Rights, Humanitarian Action and Civil Society.

5. The Mauritanian Government wishes to express to the Committee on Economic, Social and Cultural Rights its willingness to engage in a constructive and ongoing dialogue with the Committee on the implementation of the rights and freedoms enshrined in the Covenant and to submit its subsequent reports within the required time.

6. It also reiterates its commitment to strive, despite the difficulties related to the current international and national situation, to ensure the full enjoyment of the economic, social and cultural rights enshrined in the Covenant.

II. General description of the Islamic Republic of Mauritania

A. General information

1. Territory

7. The Islamic Republic of Mauritania lies between lat. 15° and 27° N and long. 6° and 19° W, with a surface area of 1,037,000 km².

8. The country is bounded by the Atlantic Ocean to the west, Senegal to the south, Mali to the south and east, Algeria to the north-east and Western Sahara to the north-west. This geographic location makes Mauritania a link between North Africa and sub-Saharan Africa. Consequently, Mauritania is a melting pot of civilizations with a rich sociocultural heritage.

9. In the central and northern parts of the country the landscape consists of the Darer and Tagant mountain ranges, which rise to a height of 800 m. The Senegal River valley, known as Chemama, extends through the south, while the remainder of the country consists chiefly of chains of sand dunes.

10. Mauritania is divided into four climate zones:

- The vast Saharan zone in the north, where rainfall is highly irregular, totalling less than 100 mm a year, and where sources of water are scarce outside a few oases.

- The Sahelian zone, which has a dry climate characterized by an annual rainfall of between 100 and 300 mm.
- The pre-Sahelian or Senegal River zone, which is characterized by annual rainfall of as much as 300–400 mm, and where flood recession agriculture is practised. Sometimes this water level is exceeded, as during the rainy season of 2003, when exceptionally high levels were recorded in this zone as well as in the rest of the country.
- A coastal zone influenced by the Atlantic Ocean.

2. Population

11. The population of Mauritania was estimated at nearly 2,915,860 in 2006. The annual population growth rate is 2.92 per cent, and life expectancy at birth is 51.53 years (53.71 for women and 49.42 for men). The fertility rate is 6.15 births per woman.

12. Other features of the population as a whole include the following demographic statistics:

Demographic statistics

	2006 (projections)
Population	2,915,860
Natural growth rate	2.4%
Density (inhabitants/km^2)	2.9
Proportion of the population aged 15 years and under	43.5%
Proportion of the population aged 60 years and over	5%
Urban population	50.1%
Male/female ratio	49.73%

Source: National Statistics Office (ONS) and National Report on Sustainable Human Development (RNDHD).

13. 2004 Permanent Household Survey (EPCV): The average size of households in 2004 was 5.7 persons. The largest households were recorded in the wilayas (administrative divisions) of Guidimagha (6.4) and Gorgol (6.4). In Nouakchott, the average size of households was 5.9 persons.

14. In terms of demographic structure, the Mauritanian population consists of an Arabic-speaking majority, as well as Pulaar, Soninke and Wolof minorities. These groups have lived in harmony, unity and solidarity for centuries and have forged a brotherly nation united in and by Islam, which is the religion of all the people of Mauritania.

15. The Islam practised in Mauritania has always been the Maliki rite of Sunni Islam, which is devoid of dogmatism or sectarianism. Owing to its tolerance, it encourages solidarity, fosters unity, repudiates violence and hatred and combats arbitrariness and oppression. It has always been the true unifying factor in national identity.

3. Economic data

16. The following indicators provide an overview of the general economic situation.

Indicator	*2006*
GDP at current prices	736,265 million UM
GDP at constant prices (base year = 1998)	463,780 million UM
GDP/inhabitant	252,504 UM

Source: ONS – annuaire statistique 2006.

Indicator	*2005*	*2006*	*2007*
Economic growth rate, excluding oil	5.4%	4.1%	5.9%
Economic growth rate, including oil		11.4%	
Inflation	12.1%	6.2%	7.3%
Public expenditure as a percentage of GDP		36.5%	32.3%
Overall fiscal balance (in billions of ouguiyas)		260.1	-13.6
Overall fiscal balance (as a percentage of GDP)		+46%	-2%
Overall trade balance (in billions of ouguiyas)	-215.7	53.7	23.5
Overall balance of payments (in billions of ouguiyas)	-19.5	76	16
Overall balance of payments (as a percentage of GDP)	-4%	10.5%	0.6%

Source: Implementation Report on the Strategic Framework for Poverty Reduction (SFPR) and RNDHD.

4. Political and institutional developments

17. Colonization in Mauritania was brief, eventful, late and superficial. Mauritania was created within its current borders by the Treaty of Paris of 29 June 1900, but the annexation of territory, which met with fierce national resistance, continued until 1935. After several modifications within the colonial system, Mauritania adopted its first constitution on 22 March 1959.

18. The 1959 Constitution inaugurated a fleeting parliamentary regime. The attainment by Mauritania of international sovereignty occasioned the adoption of a new constitution.

19. The Constitution of 20 May 1961 inaugurated a presidential regime that drifted inexorably towards a one-party system. This regime, succumbing in the fullness of time to national economic problems, was sorely tested by the multiple consequences of drought in the Sahel, and especially of the war in Western Sahara, in which Mauritania was involved at the time and which ended on 10 July 1978.

20. From 1978 to 1984, the country was governed by the military under the shadow of unstable political conditions and internal and external conflicts. Despite the declaration of a state of emergency, signs of stability and openness resulted in the advent in 1992 of a normal constitutional regime, which had been preceded by general municipal elections in 1986.

21. Thanks to the establishment of a democratic pluralist system beginning with the adoption of the Constitution of 20 July 1991, the country has held several elections.

22. In 2007, Mauritania completed the process of setting up its institutions following a transitional period of 19 months. Municipal elections were held in 2006, followed by legislative and presidential elections in 2007. This electoral process was hailed by all observers as free and transparent.

23. Since then, the country has embarked on the path of democracy, addressing national human rights issues (organizing the voluntary return of Mauritanian refugees from Senegal following the tragic events of 1989, unresolved humanitarian issues and slavery) and strengthening the rule of law. Sixty-one political parties are currently recognized, and 13 of them are represented in Parliament.

24. In order to encourage political expression, the public authorities have instituted a mechanism for funding all political parties that receive at least 1 per cent of the vote in municipal elections.

25. Public subsidies are proportional to each percentage of the vote in municipal elections. Unfortunately, this experiment failed because of the refusal of the President-Elect to follow up on the demands of the parliamentary majority to hold a special session of the National Assembly on bringing a motion of censure against the Government.

26. This led to the rectification movement of 6 August 2008, following which the institution of the Presidency was replaced by a High Council of State and the other democratic institutions were maintained until the presidential elections, which were initially planned for June 2009 and subsequently postponed to 18 July 2009, following the Dakar Accord among the political factions, under the auspices of the international community.

27. Under Order No. 87–289 of 20 October 1987, which repealed and replaced Order No. 86–134 of 13 August 1986, the commune is a local authority under public law vested with a legal personality and financial autonomy and charged with the management of communal interests.

28. In this context, the commune is in charge of:

- Local roads, construction, and maintenance of school buildings, clinics and maternal and child welfare centres;
- Urban transport;
- Hygiene;
- Collection of refuse;
- Markets;
- Slaughterhouses;
- Communal sports and cultural facilities;
- Parks and gardens;
- Cemeteries;
- Assistance to indigents ;
- Planning and management of areas granted to the commune by the State.

29. In addition, under article 6 of the above-cited Order, the municipal body of each commune is made up of a municipal council, a mayor and one or more deputy mayors. The country now has 216 urban and rural communes, nine of which are part of the Nouakchott urban community. The outlook is good for expanding the responsibilities of the communes

as part of the implementation of ambitious development programmes under the Programme de Développement Urbain (Urban Development Programme) (PDU), in accordance with the spirit and objectives of the SFPR and the Programme National de Bonne Gouvernance (National Good Governance Programme). The PDU is designed to create basic infrastructure in communes located in the *wilaya* administrative seats.

B. General legal framework for the protection and promotion of human rights

1. Administrative and judicial authorities with competence in the field of human rights

30. The main national authorities with competence for implementing the Covenant are described below.

(a) National Commission for Human Rights, Humanitarian Action and Civil Society

31. Under Decree No. 247–2008/PM on the establishment of the National Commission for Human Rights, Humanitarian Action and Civil Society, this institution enjoys administrative and financial autonomy. The decree defines the Commission's mission and rules of organization and functioning.

Missions of the Commission

32. In collaboration with the relevant departments, the guiding mission of the Commission is to draft, promote and implement the national policy on human rights, humanitarian action and relations with civil society.

33. **With regard to human rights**, the Commission is responsible for drafting and implementing the national policy for the promotion, defence and protection of human rights through:

- The promotion and dissemination of information on human rights;
- The protection and defence of human rights.

34. In this context, and in collaboration with other departments, institutions and civil society organizations, it is further in charge of the following:

- Coordination of the national human rights policy;
- Education and awareness-raising on human rights and humanitarian law;
- Preparation of periodic reports on the implementation of the international human rights instruments that have been ratified, and submission of the reports to the relevant bodies;
- Drafting and implementation of action plans and programmes for vulnerable social groups in order to better promote and protect their rights;
- Dissemination of information on, and practical application of, the law on criminalization of slavery and penalization of slavery-like practices;
- Investigation of cases of violations of human rights and humanitarian law that are submitted to it by other institutions, including the National Human Rights Commission, and the search for appropriate solutions in conformity with existing legislation;
- Consultation and dialogue with national human rights organizations;
- Preparation of periodic reports on the human rights situation;

- Preparation and monitoring of international human rights treaties and harmonization of legislative and regulatory texts with human rights principles and standards.

(b) Ministry for Social Affairs, Children and the Family

35. The mission of the Ministry for Social Affairs, Children and the Family (MASEF) is to ensure the advancement of Mauritanian women and their full economic and social participation, in accordance with Islamic values, the realities of society and the requirements of modern life.

36. To that end, the Ministry has the following missions:

- Drafting and proposing a policy for the promotion of Mauritanian women and protection of the family;
- Promoting and disseminating information on the rights and obligations of women and the rights of children;
- Fostering, in collaboration with the relevant sectors, the development of economic and socio-educational activities for the benefit of women, particularly in rural areas. In this regard, all projects concerning women and children must be designed and implemented in close collaboration with the Ministry.

37. The Ministry has the following means at its disposal in order to carry out the various programmes and policies:

- Decentralized structures: Regional antennae and training centres for the advancement of women;
- Mobile training teams offering decentralized services for organization, literacy training, awareness-raising and training of women and rural women's associations;
- A centre for training staff specializing in early childhood, the Pre-school Training Centre (CFPE);
- An information and documentation centre.

38. The Ministry is also supported by consultative bodies, including:

- The National Council on Children;
- The National Family Policy Monitoring Commission;
- The Strategic Group on Information, Education and Communication (IEC);
- The Gender Monitoring Group;
- The Committee to Combat Harmful Traditional Practices.

39. To carry out its mission, the Ministry, in collaboration with various ministerial departments, has set up a coordinating body. This comprises several coordinating and consultative commissions and committees, the most important of which are:

- The interministerial commission for monitoring implementation of the early childhood policy;
- A commission for monitoring early childhood;
- A technical interministerial committee on women and development;
- A committee to combat harmful traditional practices;
- A committee in charge of drafting the family policy;
- A committee in charge of preparing a communications strategy;

- A gender monitoring group;
- A commission in charge of monitoring and implementing the United Nations Secretary-General's study on violence against children and the recommendations of the Committee on the Elimination of Discrimination against Women.

2. Judicial authorities

(a) Constitutional Council

40. The Constitutional Council is an autonomous judicial body created by the Constitution of 20 July 1991 to replace the former constitutional division of the Supreme Court. The creation of the Council as one of Mauritania's courts represents a step forward in safeguarding human rights.

41. The Constitutional Council has six members. They are appointed for a non-renewable nine-year term by the President of the Republic (three members, including the Council President), the President of the National Assembly (two members) and the President of the Senate (one member). They have tenured status and enjoy the same immunities as Members of Parliament. The Council is responsible for ascertaining that laws, international treaties and the rules of procedure of the National Assembly and Senate are in conformity with the Constitution. It also has the power to declare laws unconstitutional if they are not in conformity with the Constitution.

42. Under article 87 of the Constitution, "the decisions of the Constitutional Council take precedence in all matters brought before it ... They are not subject to appeal [and] must be complied with by the public authorities and by all administrative and jurisdictional authorities". The Council's special role in protecting rights and freedoms should be stressed in this regard: it has already declared a number of legal texts to be unconstitutional, such as the rules of procedure of the National Assembly and of the Senate, the Organization of the Judiciary (Regulations) Act, and the Organizational Act on the election of senators representing Mauritanians residing abroad.

(b) Courts and tribunals

43. The Mauritanian judiciary is organized under Order No. 2007–012 of 8 February 2007 on the organization of the judiciary.

C. Order No. 2007–012 of 8 February 2007 on the organization of the judiciary

Title I
General provisions

44. **Article 1**: Within the territory of the Islamic Republic of Mauritania, justice is dispensed, in accordance with the provisions of Order No. 2007–012, by the Supreme Court, the courts of appeal, the *wilaya* (regional) courts, the criminal courts, the commercial courts, the labour courts and the *moughataa* (commune) courts, as well as by any other court established by law. These courts have jurisdiction in all civil, commercial, administrative and criminal matters and in labour disputes. They rule in accordance with the laws and regulations in force.

45. **Article 2**: The location and jurisdiction of the courts are established by decree of the Council of Ministers upon a report of the Minister of Justice, with the exception of the Supreme Court, whose location is established at Nouakchott and whose jurisdiction covers the entire national territory.

46. **Article 3**: The judicial year begins on 1 January and ends on 31 December. It includes a three-month period of court vacations that begins on 16 July and ends on 15 October. The days, times and places of hearings of the courts and tribunals are established by order of the president of the court, at the start of each judicial year. These orders are posted at the location of the court and published in the Official Gazette.

47. **Article 4**: The courts and tribunals may hold hearings in itinerant courts within their jurisdiction.

48. **Article 5**: Court hearings are public, unless they endanger public order or morals or are prohibited by law, in which case the president of the court orders that they be held in camera. In all cases, decisions or rulings are pronounced in public and must be reasoned, on pain of nullity.

49. **Article 6**: Justice is free of charge, subject to stamp duties and registration fees, court officer fees and fees incurred for examination proceedings or the execution of judicial decisions. The rates for legal costs are established by decree. Legal aid may be granted to parties that can prove they have no resources, under the terms of the law.

50. **Article 7**: No one may be tried without being given a fair opportunity to present their defence. Defence and the choice of defence counsel are free. Lawyers have the right to exercise their activities in all courts. No one may be brought before any but their natural judges. Only the courts provided for by law may pass sentence.

51. **Article 8**: Justice is dispensed in the name of Allah the Most High, the All-Powerful. Obligatory enforcement of judicial warrants and of initial issuances of rulings, judgements, orders, notarized contracts or other acts subject to obligatory enforcement is carried out in accordance with the Code of Civil, Commercial and Administrative Procedure and the Code of Criminal Procedure.

52. **Article 9**: In order to ensure the proper functioning of the courts, a non- contentious division entitled *assemblée générale* (general assembly) is instituted in the courts and tribunals. The general assembly brings together all of the court's members under the president of the court. It rules on matters pertaining to the organization and functioning of the court. It is consulted on the calendar of hearings. Its decisions are taken by a simple majority. Where the votes are equal, the president has the casting vote.

53. **Article 10**: A general inspectorate for judicial and penitentiary administration, under the direct authority of the Minister of Justice, conducts ongoing general inspections of the courts and tribunals, with the exception of the Supreme Court, and of all the services and bodies reporting to the Ministry of Justice. The organization, functioning and responsibilities of the inspectorate are established by decree.

Title II
On the courts

Chapter I
On the Supreme Court

Section I
Powers and procedures

54. **Article 11**: The Supreme Court is the highest court of the land. In this capacity it rules on appeals, judicial review proceedings lodged against judgements and rulings rendered in last resort by other courts. In administrative matters, it rules in first and last resort on matters assigned to it by law. Unless otherwise provided by law, the Supreme Court is a court of law and not of facts. The procedure followed before the Supreme Court

is that provided under the Code of Civil, Commercial and Administrative Procedure and the Code of Criminal Procedure or any other applicable legislation.

55. **Article 12**: The Supreme Court may be requested by the Government to give its opinion on draft laws or regulations and all matters on which it is required to intervene in accordance with an express legislative or regulatory provision. It may also be consulted by ministers on legal difficulties that may arise owing to the actions of government agencies.

Section II
Composition

56. **Article 13**: The Supreme Court is made up of a president and of divisional presidents, one of whom is its vice-president, and advisers. It comprises the following divisions:

- Chambers;
- Council chambers;
- Joint chambers.

Subsection I
On the president of the Supreme Court

57. **Article 14:** The president of the Supreme Court is appointed by decree of the President of the Republic for a renewable term of 5 years. He is chosen from among high-ranking judges or jurists of high moral standing who are known for their competence, integrity and experience. Before taking office, the president of the Supreme Court swears the following oath before the President of the Republic:

"I swear by Allah the One and Only God to discharge my functions correctly and faithfully, to carry them out with the greatest probity and impartiality, in accordance with Islamic sharia law, the Constitution and the laws, to keep the deliberations confidential, to refrain from taking a public stand and from holding any private consultations on matters falling within the competence of the courts and tribunals, and to behave in all matters as a worthy and loyal judge".

The swearing of the oath is recorded by the head clerk of the Supreme Court. The rank, remuneration and benefits in kind that are granted to the president of the Supreme Court are established by decree.

58. **Article 15**: The provisions governing the status of the judiciary concerning non-removability, independence and freedom of decision, incompatibility, the wearing of the judge's robes in court, and the judge's obligations are automatically applicable to the president of the Supreme Court throughout his term of office.

59. **Article 16**: The president of the Supreme Court presides over formal sittings of the court, the joint chambers, the council chambers and the general assembly. He may, if he deems it necessary, preside over one of the chambers of the Supreme Court. He administers the services of the court and discharges any other function of judicial administration conferred upon him by the laws and regulations. If he is temporarily absent or unavailable, he is automatically replaced in his functions by the vice-president of the Supreme Court. In the case of permanent and duly certified unavailability, the president of the Supreme Court is replaced in the manner provided for his appointment, within one month at the latest.

60. **Article 17**: The title of vice-president of the Supreme Court is given to the divisional president with the greatest seniority in the highest rank; where rank and seniority are equal, by the oldest; and where the age is the same, by the one with the greatest seniority on the Supreme Court. If the president of the Supreme Court is temporarily absent

or unavailable, he is automatically replaced in his functions by the divisional president with the greatest seniority in the highest rank; where rank and seniority are equal, by the oldest; and where the age is the same, by the one with the greatest seniority on the Supreme Court.

61. **Article 18**: The president of the Supreme Court may not be suspended or allowed to cease discharging his functions prior to the normal expiration of his term except in the manner provided for by his appointment and at his request, or on the grounds of physical incapacity, the loss of civil and political rights, or a breach of the proprieties, honour and dignity of his office. Except in cases of flagrant crimes or offences, no criminal proceedings may be instituted against the president of the Supreme Court without the prior authorization of the Supreme Council of the Judiciary.

Subsection II
On the chambers of the Supreme Court

62. **Article 19:** The Supreme Court comprises:

- Two civil and social chambers;
- A commercial chamber;
- An administrative chamber;
- A criminal chamber.

63. **Article 20**: The chambers of the Supreme Court are composed of a divisional president and four advisers with voting rights. The divisional president is appointed on the basis of his grade and specialization. He presides over formal sittings of his chamber. If he is temporarily absent or unavailable, he is replaced, by order of the president of the Supreme Court, by another divisional president. The advisers of the Supreme Court are assigned to the chambers by order of the president of the Supreme Court. If an adviser is absent or unavailable, he is replaced by another adviser designated by order of the president of the Supreme Court from among the other advisers. With the exception of the cases provided for in article 22 below, the chambers of the Supreme Court sit in council chambers, in accordance with their specialization, in cases where the law provides that these chambers, or the Supreme Court, hear cases in council chambers.

Subsection III
On the joint chambers

64. **Article 21**: The Supreme Court sitting in joint chambers is composed of a president, divisional presidents and advisers. It may legitimately deliberate when, in addition to the president of the Supreme Court, a divisional president and two advisers from each chamber are present.

65. **Article 22**: The Supreme Court rules, in joint chambers, on the following matters:

1. Conflicting decisions or judgements rendered without right of appeal by one or several courts in cases involving the same parties and using the same arguments;
2. Appeals lodged in the interest of the law by the *procureur général près la cour suprême* (procurator-general of the Supreme Court) when none of the parties has lodged an appeal within the stipulated period;
3. Requests for review of the death sentence;
4. Decisions and judgements referred to the Supreme Court for a second appeal.

Opinions formulated under article 12 above are handed down by the Supreme Court sitting in consultative plenary assembly in the same division as the joint chambers.

Subsection IV
On the council chamber of the Supreme Court

66. **Article 23**: The council chamber of the Supreme Court is composed of the president of the Supreme Court and the divisional presidents.

67. **Article 24**: The council chamber of the Supreme Court rules on the following matters:

- Disputes over jurisdiction between two or more courts;
- Appeals against judicial misconduct;
- Proceedings against judges and certain categories of civil servant, as provided for in the Code of Criminal Procedure;
- Objections, abstentions and referrals.

Subsection V
On the registry of the Supreme Court

68. **Article 25**: The registry of the Supreme Court is kept by a central head clerk assisted by head clerks, assistants and secretaries attached to the Court's chambers.

Subsection VI
On the government procurator of the Supreme Court

69. **Article 26**: The functions of the *Ministère public près la Cour suprême* (government procurator of the Supreme Court) and the various divisions of the Court are discharged by the procurator-general of the Supreme Court or by his deputies. The procurator-general is appointed by decree of the Council of Ministers on the proposal of the Minister of Justice. His registry is kept by a head clerk assisted by assistants and secretaries. The rank, remuneration and benefits in kind that are granted to the procurator-general are established by decree.

Subsection VII
On the secretary-general of the Supreme Court

70. **Article 27**: The resources of the Supreme Court are administered and managed, under the authority of the president, by a secretary-general appointed by decree of the Council of Ministers on the proposal of the Minister of Justice. The rank, remuneration and benefits in kind that are granted to the secretary-general of the Supreme Court are established by decree.

Section III
On the publication of the rulings of the Supreme Court

71. **Article 28**: Notwithstanding the special legislation requiring the publication of certain rulings of the Supreme Court in the Official Gazette, the Court's rulings are published in a regular bulletin.

Chapter II
On the courts of second instance

Section I
On the courts of appeal

72. **Article 29**: At least one court of appeals is established on national territory and at least one court of appeals at the administrative seat of each *wilaya*.

73. **Article 30**: The courts of appeal consist of the following divisions:

- One or more civil and social chambers;
- One or more commercial chambers;
- An administrative chamber;
- Several criminal chambers, including an indictment chamber and a juvenile chamber.

74. **Article 31:** The chambers of the court of appeals rule on appeals and, as courts of second instance, in accordance with their jurisdiction, on decisions and orders handed down by the courts of first instance.

75. **Article 32**: The chambers of the court of appeals rule in divisions comprising three judges, including the divisional president and two advisers with voting rights. Nonetheless, the criminal chamber of the court of appeals ruling on appeals lodged against judgements of the criminal court is composed of five judges, including a president and four advisers.

Section II
On the president of the court of appeals

76. **Article 33**: The title of president of the court of appeals is given to the divisional president with the greatest seniority in the highest rank; where rank and seniority are equal, to the oldest; and where the age is the same, to the one with the greatest seniority on the court of appeals. The formal rank, remuneration and benefits in kind that are granted to the president of the court of appeals are established by decree. If the president of the court of appeals is absent or unavailable, he is replaced, by order of the president of the Supreme Court, by a divisional president from the same court.

77. **Article 34**: If one of the divisional presidents of the court of appeals is absent or unavailable, he is replaced, by order of the president of the court of appeals, by another divisional president from the same court. If one of the advisers of a chamber of the court of appeals is absent or unavailable, he is replaced by another adviser, by order of the president of the court of appeals.

78. **Article 35**: The registry of the court of appeals is kept by a central head clerk assisted by other head clerks, assistants and secretaries attached to the court's chambers.

79. **Article 36**: The government procurator of the court of appeals is represented by a procurator-general of the court of appeals or by his deputies. The registry of the government procurator of the court of appeals is kept by a head clerk or by a clerk assisted by one or more secretaries.

80. **Article 37**: The resources of the court of appeals are administered and managed by a secretary-general appointed by decree of the Council of Ministers. The rank, duties, remuneration and benefits in kind that are granted to the secretary-general of the court of appeals are established by decree.

Chapter III
On the courts of first instance

Section I
On the *wilaya* courts

81. **Article 38**: There is established at the administrative seat of each *wilaya* a court called the *wilaya* court.

The *wilaya* court consists of the following divisions:

- One or more civil chambers;
- A commercial chamber, subject to article 46 below;
- An administrative chamber;
- Several criminal chambers, including one for juveniles.

82. **Article 39**: The chambers of the *wilaya* court are composed of a single judge, who carries the title of divisional president of the *wilaya* court. If one of the divisional presidents of the *wilaya* court is absent or unavailable, he is replaced by another divisional president from the same court, by order of the president of the *wilaya* court or of the neighbouring *wilaya* court, appointed by order of the president of the court of appeals of the jurisdiction. If the president of a *wilaya* court composed of just two divisional presidents is absent or unavailable, he is replaced by the president of the *wilaya* court.

83. **Article 40**: The title of president of the *wilaya* court is given to the divisional president with the greatest seniority in the highest rank; where rank and seniority are equal, to the oldest; and where the age is the same, to the one with the greatest seniority on the *wilaya* court. The rank, remuneration and benefits in kind that are granted to the president of the *wilaya* court are established by decree.

84. **Article 41**: The *wilaya* court rules on all matters and subject to the powers of other jurisdictions as recognized by the law, on matters governed by the Code of Civil, Commercial and Administrative Procedure and the Code of Criminal Procedure.

85. **Article 42**: The registry of the *wilaya* court is kept by a head clerk assisted by other head clerks, assistants and secretaries attached to the court's chambers.

86. **Article 43**: The functions of the investigating judge in each *wilaya* court are discharged by one or more judges, in accordance with the Code of Criminal Procedure. The registry of the investigating units is kept by a head clerk or by a clerk assisted by secretaries.

87. **Article 44**: The functions of the government procurator of the *wilaya* court are discharged by the procurator-general of the court or by his deputies. The registry of the government procurator is kept by a head clerk or by a clerk assisted by one or more secretaries.

88. **Article 45**: There may be established in the *wilaya* court a pre-trial judge and a sentencing judge whose powers are established by law.

Section II
On the commercial courts

89. **Article 46**: A commercial court may be established at the administrative seat of each *wilaya*. In *wilayas* where there are no commercial courts, the competences of such courts are exercised by the commercial chambers of the *wilaya* courts.

90. **Article 47**: The commercial court is composed of a presiding judge assisted by two judges with voting rights. The commercial court sits as a bench except when otherwise provided by law. If the president of the commercial court is absent or unavailable, he is replaced by the president of the *wilaya* court by order of the president of the court of appeals of the jurisdiction. If one of the assisting judges is absent or unavailable, he is replaced by order of the president of the court of appeals of the jurisdiction. The registry of the commercial court is kept by a head clerk or by a clerk assisted by secretaries.

91. **Article 48**: The functions of the government procurator of the commercial court are discharged by the procurator-general of the *wilaya* court or by his deputies.

Section III
On the labour courts

92. **Article 49**: A labour court is established at the administrative seat of each *wilaya*.

The labour court is composed of a presiding judge assisted by judges appointed in accordance with the Labour Code. If the president of the labour court is absent or unavailable, he is replaced by the president of the *wilaya* court. The registry of the labour court is kept by a head clerk or by a clerk assisted by secretaries.

Section IV
On the criminal courts

93. **Article 50**: There is established at the administrative seat of each *wilaya* a criminal court that rules in the first and second instance on cases conferred on it by law. The criminal court is composed of a president, two assisting judges and two juries chosen in accordance with the Code of Criminal Procedure. It comprises a division for prosecuting minors under the terms of the legislation governing the criminal protection of children. The criminal court is presided over by the president of the *wilaya* court or, if warranted by the volume of cases, by a judge appointed for the purpose.

94. **Article 51**: The registry of the criminal court is kept by a head clerk or by a clerk assisted by one or more secretaries.

95. **Article 52**: The government procurator of the criminal court is represented by the procurator-general of the criminal court or by his deputies.

96. **Article 53**: The jurisdiction and functioning of the criminal courts are defined by the Code of Criminal Procedure and by the legislation governing the protection of children under criminal law.

Section V
On the *moughataa* courts

97. **Article 54:** A court known as a *moughataa* court is established in the local capital of each *moughataa*, with the exception of the central *moughataas* of the *wilayas*. The foregoing notwithstanding, a *moughataa* court is established in each *moughataa* of Nouakchott. The *moughataa* court rules on civil and commercial cases that do not fall within the purview of the *wilaya* court. In criminal cases, the *moughataa* courts try minor offences.

98. **Article 55**: The *moughataa* court is composed of a single judge who carries the title of president of the *moughataa* court. The government procurator of the *moughataa* court is represented by the procurator-general, one of his deputies, or a judicial police officer assigned for that purpose. The presence of the government procurator's representative at hearings for minor offences is not mandatory.

99. **Article 56**: If the president is temporarily absent or unavailable, he is replaced by the president of one of the *moughataa* courts falling within the purview of the court of appeals or by a judge of the *wilaya* court appointed by order of the president of that court of appeals.

100. **Article 57**: The registry of the *moughataa* courts is kept by a head clerk or by a clerk assisted by secretaries.

101. **Article 58**: As part of his role as a conciliator, the president of the *moughataa* court may validate the amicable settlement of disputes that fall within the purview of the court, which settlement is carried out by *mouslih*s outside of any judicial process. The status and powers of the mouslihs are established by decree.

Titre III
Transitional and final provisions

102. **Article 59**: Notwithstanding the provisions of the Order on the organization of the judiciary, and if there are not enough judges or not enough cases, as a temporary measure the courts and tribunals may include one or more *wilayas* or *moughataas* in their jurisdiction, during a period to be defined by decree. Notwithstanding the above-mentioned articles 20 and 32, advisers sitting in the administrative chambers of the courts of appeal and of the Supreme Court are chosen from among administrators who have been seconded to the judiciary, as provided for by article 54 of the provisions governing the status of the judiciary; or, if there are not enough staff on secondment, they are chosen from among administrators or senior officials with proven competence in law and administrative proceedings. In the latter instance, both the advisers and their replacements are appointed for four years by decree of the President of the Republic on the joint proposal of the Minister of Justice and the Minister for the Civil Service. They are bound by formal oath under the same terms as judges. By virtue of their functions, they receive the same hardship allowance as judges and reimbursement for work-related travel expenses.

103. **Article 60**: Cases pending before the courts that have not been the subject of a final judgement are assigned to new courts by the president of the *wilaya* court or the president of the court of appeals.

104. **Article 61**: The minutes, records, investigations, archives, evidentiary documents and other documents governed by Act No. 99.039 of 24 June 1999 on the organization of the judiciary remain closed, where appropriate, to the registry, office and secretariat of these courts, even when such documents concern cases no longer within their jurisdiction.

105. **Article 62**: Order No. 2007–012 of 8 February 2007 repeals and replaces Act No. 99.039 of 24 June 1999 on the organization of the judiciary.

106. **Article 63**: The Order will be published as a matter of urgency and in the Official Gazette, and implemented as a law of the State.

D. Available remedies

107. The law guarantees the exhaustion of all possible general remedies (judgements in first instance, appeals, and challenges on points of law). Similarly, after the exhaustion of domestic appeals procedures, plaintiffs may avail themselves of remedies at the regional level (the African Commission on Human and Peoples' Rights) or international level (confidential procedures).

108. The international legal instruments ratified by Mauritania may be invoked before national courts and take precedence over national laws in conformity with the monist constitutional system established by article 80 of the Constitution.

E. Other institutions or bodies with competence in the field of human rights

1. Ombudsman of the Republic

109. Established under Act No. 93.027 of 7 July 1993, the Ombudsman of the Republic is an independent administrative body appointed by decree of the President of the Republic. The Ombudsman receives applications from citizens relating to unsettled disputes in their relations with State administrations, territorial public authorities, public institutions and all other public service bodies. Cases are submitted to the Ombudsman through Members of Parliament or mayors. The Ombudsman also receives complaints forwarded by the President of the Republic for an advisory opinion, in cases involving disputes between a citizen and the Administration.

110. The Ombudsman studies each complaint submitted to him; if it seems justified, he writes a report with recommendations for settling the dispute and,, where appropriate, suggests ways of improving the functioning of the body concerned.

111. If he finds that the dispute has arisen because of the manifest unfairness of laws or regulations in force, he may propose steps to the competent authority for correcting the unfairness, and suggest the necessary changes. If a competent authority does not take disciplinary action against an official who has committed a serious offence against a private citizen, the Ombudsman prepares a detailed report on the matter for submission to the President of the Republic.

112. The Ombudsman may not intervene in a dispute which is before a court, nor may he question the appropriateness of a court decision, but he may make recommendations to the body being challenged.

113. If a final court decision beyond appeal has not been enforced, the Ombudsman may enjoin the responsible body to comply with it by a given deadline. If that injunction is not respected, a special report is sent to the President of the Republic informing him of the failure to enforce the court decision. The fact that the Office of the Ombudsman is independent and very much in the public eye makes it better able to act as a regulator and mediator in society.

2. National Human Rights Commission

114. The National Human Rights Commission is a national consultative body for the promotion and protection of human rights that was established in accordance with the Paris Principles and that has administrative and financial autonomy. The Commission constitutes a national framework for discussion among the agencies concerned with human rights and the national non-governmental organizations (NGOs) working to promote and protect human rights.

Mandate and missions of the Commission

115. The Commission is an advisory body with observation, early-warning and mediation functions that assesses compliance with human rights and humanitarian law by:

- Rendering, at the request of the Government or on its own initiative, advisory opinions on general and specific issues relating to the promotion and protection of human rights and respect for individual and collective freedoms;
- Examining, and rendering advisory opinions on, domestic human rights law and draft legislation;

- Contributing by all appropriate means to disseminating and inculcating a human rights culture;
- Promoting research, education and teaching in the field of human rights, in training courses at all levels and in social and professional contexts;
- Raising awareness of human rights and the struggle against all forms of discrimination and violations of human dignity, in particular racial discrimination, slavery-like practices and discrimination against women, by sensitizing the public through information, communication and education and by using the media in all its forms;
- Promoting national legislation and ensuring that it is in harmony with the international legal instruments ratified by Mauritania, and combating practices that are contrary to it;
- Encouraging the ratification of legal human rights instruments;
- Contributing as needed to the preparation of reports that the State is required to submit to United Nations bodies and committees and to regional bodies;
- Promoting cooperation in the field of human rights with United Nations bodies, regional institutions, national institutions of other countries, and national and international NGOs;
- Awarding, under the terms provided by decree, the Human Rights Prize of the Islamic Republic of Mauritania for actions in the field, research and projects concerned with the effective protection and promotion of human rights, in keeping with the spirit of the Universal Declaration of Human Rights;
- Monitoring conditions of detention of persons deprived of their liberty.

116. Notwithstanding the powers conferred upon the administrative and judicial authorities, the Commission is responsible for examining all situations in which violations of human rights have been reported or brought to its attention, and for taking all the appropriate steps, in cooperation and coordination with the competent authorities. The human rights violations referred to above are those that occurred after the Act entered into force.

117. The Commission submits an annual report on the national human rights situation to the Head of State. The report is made public.

118. The Commission may, should it be necessary, and under the same conditions, prepare reports on specific matters. In the performance of its duties, the Commission may take statements from anyone and call for any information or documents it needs in order to assess situations within its mandate, subject to the restrictions imposed by law.

119. The Commission may alert public opinion through the media, through which it also publishes its opinions and recommendations. It may request the aid or assistance of any public or private body in carrying out its missions. In such cases, the public authorities and public and private institutions are required to facilitate the Commission's work. In any event, the president of the Commission may require all relevant departments to communicate pieces of intelligence or information pertaining to a matter that is under examination by the Commission.

120. The Commission, in agreement with the relevant authorities, establishes mechanisms for consultations, cooperation and coordination with the following services:

- Services in charge of the promotion and protection of human rights;
- Judicial and penitentiary administration services;

- Services responsible for maintaining public order and security.

Composition of the Commission

121. The Commission is composed of a president and the following members:

a) Representatives of institutions, professional organizations and civil society, with voting rights:

- A deputy;
- A senator;
- An investigating judge;
- Six representatives of human rights NGOs, including one from a children's rights organization, one from a women's rights organization, and one from an NGO concerned with the rights of persons with disabilities;
- A representative of the Association of Ulemas;
- Two representatives of central trade union associations;
- A representative of the National Bar Association;
- A representative of journalists' associations;
- A law professor representing the University;
- Four individuals chosen for their human rights expertise.

b) Representatives of the Government, with voting rights:

- An adviser to the Office of the President;
- An adviser to the Prime Minister;
- A representative of the Ministry for Foreign Affairs and Cooperation;
- A representative of the Ministry of Justice;
- A representative of the Ministry of the Interior, Postal Services and Telecommunications;
- A representative of the State Secretariat for the Status of Women;
- A representative of the human rights department.

122. The president and members of the Commission are appointed by decree of the Head of State on the proposal of the relevant government offices, institutions, professional organizations and civil society organizations for a three-year term, renewable once.

The Commission's management bodies

Plenary assembly

123. The plenary assembly is the Commission's planning and advisory body. It is composed of the Commission's president and members. It meets in regular session twice a year and in special session when convened by the president or at the request of two thirds of the voting members. Its opinions and decisions are adopted by a majority vote in accordance with its rules of procedure.

Standing bureau

124. The Commission elects from among its members a standing bureau and subcommissions. The bureau, composed of five members including the president of the Commission, meets in regular session at least once every quarter, and as often as necessary when convened by its president. The bureau is responsible for:

- Formulating the Commission's programmes, coordinating its activities, and preparing its meeting agendas;
- Providing technical assistance for the work of the Commission, subcommissions and working groups, including the preparation, monitoring and assessment of action plans for the promotion and protection of human rights;
- Conducting studies and research on human rights issues, including the preparation of annual and special reports drafted by the Commission.

Subcommissions

125. The subcommissions are responsible for examining specific issues, preparing reports on matters entrusted to them and making recommendations.

126. The Commission may appoint from among its members a special rapporteur responsible for submitting a report or recommendations on serious human rights violations. The Commission may, from time to time and as and when needed, call upon the services of experts.

Secretary-General

127. The president of the Commission is assisted by a secretary-general who is appointed by decree of the Council of Ministers from among senior officials known for their competence, honesty and high moral standing. The president may delegate to the secretary-general the authority to sign administrative documents. The secretary-general provides the secretariat of the Commission.

Budget of the Commission

128. The Commission prepares its budget in consultation with the relevant State technical services and implements it in accordance with public accounting rules.

129. The resources needed for the Commission to function and to discharge its missions have their own separate budget line. They are authorized under the finance law. The Commission may receive funds from other sources, such as gifts, legacies and grants. A public accountant appointed by the Minister of Finance administers its accounting.

III. Implementation of the substantive provisions of the International Covenant on Economic, Social and Cultural Rights (arts. 1–2 and 9–15)

Article 1
The right to self-determination

130. Mauritania, whose Constitution proclaims the attachment of the Mauritanian people to the principles enshrined in the Universal Declaration of Human Rights and the African Charter of Human and People's Rights, has, since its independence in 1960, supported all just causes worldwide, including the right of peoples to self-determination.

131. As a State party to the International Covenant on Economic, Social and Cultural Rights (1966), Mauritania has always been committed to upholding peoples in their struggle to regain their freedom and freely to pursue their economic, social and cultural development.

132. The country has made well-known contributions to liberation movements in Palestine, West Africa (Guinea-Bissau, Cape Verde), southern Africa (Angola, Mozambique, Namibia, Zimbabwe, South Africa) and numerous other regions.

133. The Mauritanian delegation, at the sixtieth session of the United Nations General Assembly (2005), contributed to the adoption of the resolution creating the new Human Rights Council. Similarly, as a member of the Economic and Social Council, Mauritania contributed, within the framework of the Council's mandate, to the consideration of international economic and social questions and to the preparation of the relevant recommendations.

134. Mauritania's permanent missions in Geneva and New York, which follow these matters closely, have intervened in both bodies, when necessary, to ensure the adoption of resolutions on the principal matters covered by the Covenant.

135. At the national level, the Constitution establishes the general framework through which citizens participate in Government, based on the following guiding principles:

- Guarantee of, and respect for, individual and collective rights and freedoms;
- Formal establishment of the rights and principles in conformity with the international and regional standards to which Mauritania has acceded, including economic, social and cultural rights, the right to equality, the right to own property, the guarantee of political and trade union freedoms, the right to asylum, and the right of non-citizens to own property.

Article 2
The rights of non-citizens, non-discrimination and participation in cooperation

136. The law guarantees the safety of non-citizens and their property and the full enjoyment of economic, social and cultural rights as well as civil and political rights.

137. Discrimination, intolerance and xenophobia directed against non-citizens are prohibited, and non-Muslims freely practise their faith. Mauritania also encourages international cooperation in all its forms.

Information relating to specific rights (arts. 6 to 8)

138. **Article 6**: Mauritania is a party to the International Labour Organization (ILO) Convention concerning employment policy (Convention No. 122); the Convention concerning discrimination in respect of employment and occupation (Convention No. 111); the Convention on the Elimination of All Forms of Racial Discrimination (1965); and the Convention on the Elimination of All Forms of Discrimination against Women (1979). Periodic reports are submitted to the ILO.

Information on employment, unemployment and underemployment

139. According to data from the 2000 census, the economically active population is (a) largely rural (62 per cent of the population in 2000), with the urban population heavily concentrated in the *wilaya* of Nouakchott (58.5 per cent of the urban population and 22.25 per cent of the total population); and (b) young, with people under 14 years of age representing 43.5 per cent of the total population (45.6 per cent of the rural population). In 2004, according to the results of the 2004 EPCV, the active population (between 15 and 65 years of age) comprised 1,476,524 individuals, 770,500 of them women and 705,000 of them men.

140. The strategy for the period 2008–2012 is composed of seven approaches to meeting the pressing needs of the private sector (in the broadest sense of the term) for the development of economic and employment-generating activities and creating an environment conducive to interventions by the MEIFP, as follows:

- Developing technical and vocational training (FTP) and aligning it with the educational system and the needs of the labour market;
- Helping job-seekers to become more employable;
- Promoting the employment of disadvantaged groups through innovative approaches and efforts at integration;
- Setting up a funding mechanism for a national job creation plan;
- Three social-protection components: employment, social security and occupational health;
- Establishing a national system for labour market information and technical and vocational training;
- Building capacities for management, coordination, planning and monitoring/evaluation.

141. Vocational training policies are formulated without regard to race, skin colour, sex, religion and nationality.

142. There is very limited redundancy, and there are no statistics on the subject.

The role of international assistance

143. International assistance is of vital importance.

144. **Article 7**: Mauritania is a party to the following ILO conventions: Minimum Wage Fixing Convention (No. 131), Equal Remuneration Convention (No. 100), Weekly Rest (Industry) Convention (No. 14) and Labour Inspection Convention (No. 81). Reports are submitted regularly to the ILO.

145. Information follows on the main methods used for setting wages:

- The minimum wage applies to all employees working in Mauritania, regardless of their category;
- The minimum wage is mandatory, and compliance is enforced by labour inspectors;
- Minimum wages have evolved considerably, with the guaranteed minimum inter-occupational wage (SMIG) rising from 4,312 Mauritanian ouguiyas (UM) to 21,000 UM.

146. Compliance with the minimum wage is subject to monitoring:

- There is no inequality in remuneration for work of equal value, and the principle of equal pay for work of equal value applies to everyone, in accordance with the 2004 Labour Code;
- Likewise, there is no discrimination against women in this regard.

Methods adopted to promote an objective appraisal of jobs on the basis of the work to be performed

147. The Labour Code guarantees the right to paid leave of two working days per month (art. 180). Holidays are remunerated by a supplement of 50 per cent for each working day and 100 per cent for each working night. International assistance is paramount in ensuring the effective implementation of article 7 of the Covenant.

148. **Article 8**: Mauritania has acceded to the International Covenant on Civil and Political Rights (1966) and to the relevant ILO conventions, including the Convention concerning Freedom of Association and Protection of the Right to Organise (No. 87) and the Convention on the Right to Organise and Collective Bargaining (No. 98). Periodic reports are submitted to the ILO on these conventions. There are no specific formalities for forming a trade union. Mauritania has a declaratory regime for establishing trade unions. The formalities are as follows:

- A general assembly of at least 20 persons is to be held to adopt the organization's statutes;
- The statutes are to be deposited with the procurator-general, the labour inspection procurator and the wali (local authority) procurator;
- The procurator, after examining the statutes and their conformity with existing legislation, issues a receipt that constitutes their lawful existence.

149. The Labour Code guarantees the right to strike. The only requirement is that notice be given.

Article 9
Social security

150. Mauritania is a party to the ILO Social Security (Minimum Standards) Convention (No. 102). The country has three social security plans: the Caisse nationale de sécurité sociale (National Social Security Fund) (CNSS), for salaried workers covered by the Labour Code of the Merchant Marine; the State Pension Fund, for retired civil servants; and the Caisse nationale d'assurance maladie (National Health Insurance Fund) (CNAM), for civil servants, soldiers and parliamentarians, which was established by Order No. 2005–006 on the establishment of a health insurance plan.

The National Social Security Fund

Structure

151. The Mauritanian system provides coverage for old age, disability, death (survivors' benefits), and work-related accidents and illnesses, and pays out family allowances. Pursuant to the right to work, employers are obliged to provide health care to employees and members of their family and to pay daily benefits in case of illness. Daily maternity benefits are covered under the family benefits system. The system does not provide unemployment benefits.

Funding

152. The National Social Security Fund is financed as follows:

Branch	*Employer's contribution*	*Employee's contribution*
Occupational health	2%	-
Old age – Disability – Death (survivors' benefits)	2%	1%
Work-related accidents Work-related illnesses	3% (2.5% if the employer provides health care and cash benefits for temporary incapacity)	-
Family allowances, including cash benefits for maternity	8%	-

153. Contributions and allowances are calculated based on a monthly ceiling of 70,000 ouguiyas. The highest SMIG in the country is 20,000 ouguiyas.

Occupational health

154. Occupational health is managed by the Office nationale de la médecine du travail (National Office of Occupational Health) (ONMT). The Office's operating expenses are covered by an employer's contribution of 2 per cent, which is paid to the CNSS. All companies must be affiliated with the Office and register their employees.

155. The ONMT is responsible for:

- Managing and running the medical services of companies or groups of companies, on company premises and using the equipment available to all companies or groups of companies with at least 750 employees;
- Ensuring the implementation of contracts signed between the Office and the public agencies responsible for providing medical care where it is not possible to set up a company or inter-company service.

156. The CNSS informs all employers of the inter-company service to which each of their branches is automatically affiliated. Pursuant to the right to work, employers are obliged to provide health care to employees and members of their family and to pay daily sickness allowances. Medical care for pregnancy and childbirth, and payments in kind, are covered under the family benefits system.

Medical care

157. Employers are obliged to provide medical care to their employees and members of their family through the company or inter-company medical service.

Daily sickness allowances

158. Under the Labour Code, employers pay daily sickness allowances for the number of days stipulated in the applicable collective labour agreement.

Old age, disability, death (survivors' benefits)

159. Salaried employees, including temporary and part-time employees, are covered by these benefits.

Old-age pension

160. Men may begin to collect an old-age pension at age 60 and women at age 55. The eligibility criteria are as follows: Men must be aged 60 and over, and women aged 55 and over. In order to qualify, applicants must:

- Have been affiliated with the social security plan for at least 20 years;
- Have contributed for at least 60 months over the previous 10 years;
- Cease all paid employment.

161. In the event of premature physical decline, individuals meeting those conditions may claim early retirement, starting at age 55 for men and age 50 for women.

162. The old-age pension is equal to 20 per cent of the average salary received during the previous three or five years, whichever is more favourable to the beneficiary. The pension is increased by 1.33 per cent for every 12 months of contribution beyond 180 months. The pension may not be less than 60 per cent of the participants' highest minimum salary, nor exceed 80 per cent of their average remuneration. If they require third-party assistance, their pension is increased by 50 per cent.

163. Individuals who have reached the eligible age for pensions and who have contributed for at least 12 months but who do not meet the conditions for an old-age pension are entitled to a lump-sum benefit equivalent to one month's salary for each year of contribution.

Disability

164. In order to be considered as disabled, individuals must have lost at least two thirds of their earning capacity. Participants who become disabled before reaching retirement age are entitled to a disability pension if they have:

- Accumulated at least five years of affiliation with the social security plan;
- Contributed to the plan for at least 6 of the 12 months preceding the commencement of the disability.

165. If the disability is the result of an accident, the claimant must have been covered by the CNSS at the time of the accident.

166. The disability pension is equal to 20 per cent of the average salary received during the previous three or five years, whichever is more favourable to the beneficiary. The pension is increased by 1.33 per cent for every 12 months of contribution beyond 180 months. The pension may not be less than 60 per cent of the participants' highest minimum

salary, nor exceed 80 per cent of their average remuneration. If they require third-party assistance, their pension is increased by 50 per cent.

Death (survivors' benefits)

167. For the survivors to receive death benefits, the deceased must have been receiving a pension, must have been eligible to receive a pension, or must have been contributing to the system for at least 180 months.

168. Spouses aged 50 years and over; disabled spouses; spouses who married the deceased at least one year prior to his or her death; spouses who were pregnant at the time of death; and dependent children under 14 years of age (and up to 21 years of age if they are apprenticed, students, or disabled) are entitled to survivors' benefits.

169. Survivors' benefits are calculated as a percentage of the old-age pension, the disability pension, or the early retirement pension to which the insured person was or would have been entitled at the time of death, as follows:

- 50 per cent for widows or widowers;
- 25 per cent for each child who has lost a father or a mother;
- 40 per cent for each child who has lost a father and a mother.

Survivors' allowance

170. If the deceased insured person did not qualify for a disability or old-age pension but had contributed to the fund for at least 180 months at the time of death, the surviving spouse receives a lump-sum survivors' allowance equivalent to one month of the pension to which the deceased would have been entitled for every six months of his participation in the plan.

Work-related accidents and illnesses

171. There are no pre-conditions for receiving allowances for work-related accidents and illnesses. Employers must declare all such accidents and illnesses within 48 hours of their occurrence or onset. The allowances cover the following:

- Medical care required by the injury that results from the accident;
- In case of temporary incapacity to work, a daily allowance ;
- In case of permanent incapacity, whether full or partial, a pension or allowance;
- Incapacity;
- In case of death, survivors' benefits and allowances for funeral expenses.

Medical care

172. With the exception of first aid, for which employers are responsible, medical care is provided by the Fund or by a public or private establishment certified by the medical authorities. In the latter instance, such care is reimbursed at the flat rate agreed by these establishments and the Fund.

Temporary incapacity

173. Employers are solely responsible for remunerating workers for the full day on which they ceased to work. The daily allowance is paid starting on the day following the accident and is equal to two thirds of the workers' average daily remuneration until they are completely recovered.

Permanent incapacity

174. In the case of duly certified, permanent total incapacity, workers are entitled to a total incapacity pension equal to 85 per cent of their average monthly remuneration. The pension is increased by 50 per cent if the claimants require third-party assistance. Victims of work-related accidents who suffer a permanent partial disability are entitled to an incapacity pension if they are at least 15% incapacitated. Depending on the degree of incapacity, the amount of the permanent partial incapacity pension is proportional to the pension to which the claimants would have been entitled in case of permanent total incapacity.

175. The incapacity pension is paid in a lump sum if the degree of incapacity is less than 15 per cent. The sum is calculated by tripling the total amount of the pension corresponding to the victims' degree of incapacity.

Death (survivors' benefits)

176. When work-related accidents are followed by death, the survivors are entitled to survivors' benefits and allowances for funeral expenses.

177. Survivors' benefits are fixed at the following rates:

- 20 per cent for widows or widowers;
- 10 per cent for each child who has lost a father or a mother;
- 15 per cent for each child who has lost a father and a mother;
- 10 per cent for each dependent older relative.

178. Allowances for funeral expenses are equal to 30 times the average daily remuneration.

Family allowances

179. Family allowances include daily maternity benefits, prenatal allowances, new child allowances, family benefits, and assistance in kind to mothers and infants. They cover salaried workers with at least one child.

Maternity benefits

180. Medical allowances and daily maternity benefits are provided as long as the claimant has been affiliated for at least 12 months and has worked for 54 days or 360 hours during the previous three months.

181. Daily benefits represent 100 per cent of the average daily salary of the three months preceding the cessation of work and are paid to new and expectant mothers who cease all paid employment for at least 14 weeks, six of them before giving birth and eight after.

Family allowances

182. Workers who are covered by the plan and who have one or more dependent children receive family allowances for those months when they work at least 18 days or 120 hours and receive a salary equal to the SMIG. Family allowances include prenatal allowances, new child allowances, family benefits, and assistance in kind to mothers and infants.

Prenatal allowances

183. All women wage earners or spouses of wage earners are entitled to prenatal allowances for the nine months preceding birth, on condition that the pregnancy is declared

during the first three months and, if it is declared thereafter, starting from the date of the declaration. The mother must undergo medical examinations in order to receive the allowances, which amount to 2,160 ouguiyas and are payable in three instalments.

New child allowances

184. New child allowances are payable on condition that the mother and infant undergo statutory medical examinations. They cover only the first three children (2,880 ouguiyas for each).

Family benefits

185. To be eligible for family benefits, a family must have dependent children under age 14, and under age 21 if they are apprenticed, students, or disabled. The allowances are 300 ouguiyas per child, per month. The Fund may ask employers to disburse the benefits, which are always payable to the mother.

National Health Insurance Fund

186. Under Order No. 2005–006 on the establishment of a health insurance plan, a mandatory health insurance plan was established for members of the following personnel and their family, based on the contributory principle and on the principle of risk-sharing:

- -Parliamentarians, civil servants and State officials (**Group I**);
- -Active Armed Forces personnel (**Group II**);
- -Recipients of a parliamentary retirement pension and of a civilian or military pension in groups I and II (**Group III**);

187. The following are covered by the health insurance plan:

- Fund members;
- Spouses of Fund members;
- Children of Fund members up to age 21;
- Children of Fund members with no age limits if they have a physical handicap that prevents their gainful employment.

Guaranteed benefits

188. The basic health insurance plan provides the above-mentioned beneficiaries with risk coverage and pays health-care expenses arising from illness, injury, maternity, and physical and functional rehabilitation. Work-related injuries and illnesses are governed by the relevant legislation and regulations.

189. Mandatory health insurance entitles beneficiaries to the reimbursement or direct payment of the costs of preventive and therapeutic care as well as of rehabilitation expenses medically required by their state of health with respect to the following:

- Ambulatory care: prevention, consultations, auxiliary treatment and services;
- Hospital care: consultations, surgery, non-surgical treatments and medicines during hospital stay;
- Authorized medicine;
- Evacuation for the required authorized care.

190. Cosmetic surgery, thermal cures, acupuncture and, in general, treatments by so-called "soft" or traditional medicine are excluded from the list of benefits guaranteed by the basic health insurance plan.

Conditions and modalities for reimbursement or payment

191. The health insurance plan created by Order No. 2005–006 guarantees the reimbursement or direct payment of all or part of the expenses for treatment by the managing organization, with the balance to be paid by participants. The latter are free to sign up for a complementary health insurance plan in order to cover the remaining share of their expenses.

192. Nonetheless, for serious or incapacitating illnesses that require long-term care, or for particularly expensive treatment, participants may be fully or partially exempted from paying their share of the expenses.

193. The list of illnesses eligible for such exemption, and the conditions under which it is granted, is established by a joint decree of the ministers of finance, health, the civil service and national defence.

194. The managing organization reimburses or covers the expenses incurred by beneficiaries in one of the following manners:

- At the time of treatment, based on the nomenclatures for medical treatment established by decree of the Minister of Health;
- As a lump sum, by disease or group of related diseases;
- As a general grant or pre-payment;
- As a capitation fee.

195. In all cases, health-care services must be billed in accordance with the rules defined by decree of the ministers of finance and health, as proposed by the governing body of the managing organization.

196. National baseline prices are set for the reimbursement or direct payment of guaranteed care and of medicines by:

- Joint decree of the ministers of finance and health, where appropriate;
- Agreement.

197. For medical equipment and devices, nationwide prices are approved by the ministers of finance and health, as proposed by the managing organization.

198. Services guaranteed by the basic health insurance plan may be reimbursed or paid directly only if the treatment was prescribed or administered in Mauritania.

199. Nonetheless, services dispensed outside the country to beneficiaries of the managing organization may be covered if the beneficiaries become unexpectedly ill during a stay abroad.

200. Services dispensed outside the country to beneficiaries of the managing organization may also be covered if the beneficiaries undergo medical evacuation abroad because they cannot receive the appropriate care in Mauritania.

201. In such cases, the reimbursement or direct payment remains subject to the prior consent of the insuring organization. Insured persons are free to choose a practitioner, health-care establishment, pharmacist and, where necessary, paramedic and supplier of the medical equipment or devices prescribed to them, subject to the regulations on health insurance.

Financial resources of health insurance

202. The resources of the health insurance plan comprise the following:

- Contributions budgeted under Order No. 2005–006 on the establishment of a health insurance plan, and any applicable surcharges, penalties and late fees;
- Financial revenues;
- Income from investments and from their increase in value;
- All other resources allocated to the basic health insurance plan under specific legislation or regulations;
- Grants, gifts and legacies.

203. The contributions of insured persons are based on how much they earn.

204. For Groups I and II, contributions are assessed on the total remuneration received by salaried employees, including allowances and bonuses.

205. For Group III, contributions are assessed on the total amount of all retirement pensions, old-age pensions, disability pensions or dependents' pensions paid by the insured person's retirement plans, with the exception of any existing complementary retirement pensions.

206. The rate of contribution is fixed by decree. It must be calculated so as to ensure the financial stability of the operations for each of the three groups of insured persons, taking account of the amounts subject to contribution, the cost of the treatment, the administrative and transaction costs for each of the three groups, as well as the costs of provisioning the reserves called for below. When the constraints of the financial stability of the basic plan require it, contributions may be readjusted among the groups and redistributed between them and the State. In the event of any imbalance, the rate of contribution is readjusted by decree.

207. The managing organization must apply a specific accounting method in conformity with existing legislation and regulations. It must maintain separate accounts for the operations of each group of insured persons.

208. The following table provides an overview of the health insurance situation in 2007.

2007

Insured population	**109 215**
• Civil servants and family members	**60 536**
• Retirees and family members	**8 273**
• Parliamentarians and family members	**450**
• Soldiers and family members	**40 146**
Coverage rate	
• Hospitalization	**90%**
• Consultations	**80%**
• Medicines	**67%**
• Complementary examinations	**80%**
• Functional rehabilitation	**90%**
Evacuations	**100%**

Number of insured persons receiving treatment	
• In Mauritanian health-care facilities	**8 857**
• Abroad (evacuations)	**460**
Amounts spent	
• In Mauritanian health-care facilities	**187 146 732 UM**
• Abroad (evacuations)	**465 670 909 UM**
Contributions	
Projected	
• State	**2 026 860 000 UM**
• Fund members	**1 590 048 000 UM**
Total	**3 616 908 000 UM**
• State	**1 074 473 311 UM**
• Fund members	**1 163 177 288 UM**
Total	**2 237 650 599 UM**

Article 10
The rights of children, women and the family

209. Mauritania is a party to the International Covenant on Civil and Political Rights, the Convention on the Rights of the Child, the International Convention on the Elimination of All Forms of Racial Discrimination, the Convention on the Elimination of All Forms of Discrimination against Women, and the ILO conventions concerning Maternity Protection (Revised) (No. 103) and Minimum Age (No. 138).

210. The family is the fundamental unit of Mauritania's Islamic, Arab and African society.

211. The age of majority in Mauritania is 18 years in accordance with the law, including the Personal Status Code of 2001.

212. There are various means, both formal and informal, for granting assistance and protection to women. The Family Directorate of the Ministry for Social Affairs, Children and the Family is responsible for implementing the national policy on assistance to and protection of the family. The Directorate has a service that handles family disputes in accordance with the Personal Status Code of 2001. National courts settle all conflicts that may be detrimental to family unity.

The right of men and women to enter freely into marriage and to found a family is governed by the Personal Status Code of 2001

213. The marriage contract is governed by the Personal Status Code, as follows:

214. **Article 1**: Marriage is a legal contract which unites a man and a woman in lasting matrimony. Its purpose is fidelity and procreation through the founding, on a sound footing and under the direction of the husband, a family that enables the spouses to meet their reciprocal obligations with affection and mutual respect.

215. **Article 5**: The basic conditions for marriage are two spouses, a wali (guardian), a dowry, and consent.

Section 1
Spouses

216. **Article 6**: Eligibility to enter into marriage is granted to all persons of sound mind who have reached the age of 18. A guardian may give an ineligible person in marriage if there is a clear benefit for the latter.

217. **Article 7**: If the guardian disregards these provisions, the marriage is still considered valid but the guardian is subject to the penalties provided for in the Penal Code if he has acted solely in his own interest.

218. **Article 8**: Marriages entered into by ineligible persons without the authorization of their guardian are valid only if approved by the guardian or by a judge, as appropriate.

Section 2
Matrimonial guardianship (*wilaya*)

219. **Article 9**: Guardianship (*wilaya*) is exercised in the woman's interest. Adult women may not be married without their own consent and without the presence of their guardian. The silence of young girls implies consent.

220. **Article 10**: The guardian must be male, of sound mind, of legal age and, if the woman is Muslim, of the Islamic faith.

221. **Article 11**: Guardianship is exercised according to the following hierarchy:

- The woman's son or his son;
- Her father or testamentary guardian;
- Her brother;
- Her brother's son;
- Her paternal grandfather;
- Her paternal uncle;
- The sons of her paternal uncle, depending on the degree of kinship, with cousins being the most preferred;
- Her foster father (kafil) ;
- The judge;
- Any Muslim.

222. **Article 12**: Guardians may appoint another person to conclude the marriage on their behalf. Female testamentary guardians, or those acting as foster parents, may authorize a man to do so on their behalf. In both instances, the appointed person must meet the conditions under article 10 above.

223. **Article 13**: In the event of a groundless refusal by the guardian to authorize the marriage of the woman or girl placed under his guardianship, the judge orders him to do so, and if he persists in refusing, the judge himself concludes the marriage.

Support, strengthening and protection of the family with regard to responsibility for the maintenance and education of dependent children

224. The family, which is the fundamental unit of society, receives the full attention of the public authorities in order to keep it stable and flourishing. There is no family that does not receive protection or assistance or that is clearly disadvantaged with respect to State benefits.

Maternity protection

225. All measures concerning the scope or system of the rights of women, including the total duration of maternity leave and of social benefits, are described in this report in the section on social security.

Special measures of protection and assistance for children

226. Remuneration is prohibited for the employment of children under 14 years of age.

227. Support, strengthening and protection of the family, particularly if the family is responsible for the maintenance and education of children, is one of the Government's priorities, given that the family is the fundamental unit of society.

228. The number of children employed by their own family as servants, whether in farming or enterprises, is insignificant; however, child domestic labour does exist, and awareness-raising activities are undertaken, in particular by civil society organizations, to publicize the danger of exploiting the work of girls or boys employed as servants as defined by law, in particular article 5 of the 2004 Labour Code, which prohibits forced labour and exposes the perpetrators to the sanctions prescribed by law.

229. The majority of children, including those known as "street children" or *"almoudo"*, have for several years received special attention from the public authorities, with the support of the development partners.

230. This attention has taken the form of a national shelter created for disadvantaged children, which takes in the most vulnerable children (orphans, abandoned children, children deprived of their family, and physically and mentally handicapped children).

231. Similarly, several civil society organizations work to ensure that these various categories of children have a decent life thanks to the opening of nurseries and day-care centres and the distribution of nutritious food in partnership with MASEF's Nutricom project.

232. Within the framework of international assistance, the invaluable assistance of United Nations partners and agencies (the United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), World Food Programme (WFP), United Nations Development Programme (UNDP)), and of the European Union, the World Bank and others as part of bilateral cooperation, should be noted.

Article 11
Standard of living of the population, the right to adequate food and the right to adequate housing

233. Statistics follow on the living conditions of the population in 2004.

Housing statistics (EPCV 2004)

Indicator	*2004*
Proportion of makeshift housing at the national level	33%
Proportion of makeshift housing in urban areas	12.5%
Proportion of makeshift housing in Nouakchott	11.6%
Proportion of makeshift housing in Nouadhibou	26.7%
Proportion of makeshift housing in rural areas	46.8%

Indicator	*2004*
Including M'bar residents	21%
Proportion of inhabitants living in houses	67%
Proportion of homeowners at the national level	77.2%
Proportion of homeowners in urban areas	53.8%
Proportion of homeowners in rural areas	93%
Proportion of inhabitants who rent their housing	11.2%
% drinking water supplied by wells	39.4%
% drinking water supplied by the resale of water	20%
% drinking water supplied by indoor tap	18.9%
% drinking water supplied by other sources	22%
% of lighting supplied by torch	51.2%
% of lighting supplied by electricity at the national level	24%
% of lighting supplied by electricity in urban areas	57.6%
% of lighting supplied by candles	15.4%
% of households using flush toilets	7.3%
% of households without toilets at the national level	47.9%
% of households without toilets in urban areas	15.1%
% of households without toilets in rural areas	70.1%
% of households using latrines	29.9%
% of households using latrines in urban areas	51.5%
% of households using latrines in Nouakchott	60%
% of households using latrines in rural areas	15.2%
% of households using wood as their source of cooking energy	44.6%
% of households using gas as their source of cooking energy	35%
% of households using charcoal as their source of cooking energy	19.1%

Article 12
National health policy

234. The Mauritanian State guarantees all citizens the right to health. Health is identified as a national priority in the main political and strategic documents drawn up in recent years (both by the Government and by the health sector), which place it at the heart of the country's development. The idea is to ensure that economic and social development contributes to improving the population's health, and also to ensure that improved health contributes to poverty reduction and to the nation's development as a whole. Mauritania has accordingly prepared its Strategic Framework for Poverty Reduction, adopted in 2001, and benefited from the resources of the Heavily Indebted Poor Countries (HIPC) Initiative. The Ministry of Health and Social Affairs (MSAS) decided to formulate a national health policy in order to guide health measures and use the resources mobilized through these mechanisms to improve the population's health.

235. The Mauritanian Government, in Policy Act No. 050–2001 of 18 July 2001, defined poverty reduction as the basic strategy for all State policies to the year 2015. To that end it

adopted the SFPR in 2001.[1] This policy direction accords perfectly with the Millennium Development Goals (MDGs) adopted by the community of nations on 13 September 2000. These goals are aimed at reducing maternal and infant mortality and controlling the major diseases, which are HIV/AIDS, malaria and tuberculosis.

236. The SFPR has four strategic approaches, the third of which is to "develop human resources and access to basic infrastructure". Within this approach, the health and social sector is among the priorities. The Framework accordingly sets the following three impact objectives[2] for the sector:

a) To improve mortality and morbidity indicators, particularly among the poorest;

b) To lessen the impact of health expenditures on the poorest households;

c) To increase the population's role in managing their own health.

237. These three objectives are the basis for the guidelines developed for the health and social policy, which defines the principles, objectives and strategies of health and social action in Mauritania to the year 2015.

238. Over the past two decades, the MSAS has had four successive strategic plans for developing the sector, the last of which is entitled "Master Plan on Health and Social Affairs for the Period 1998–2002". Improvements in the socio-economic environment, and implementation of these plans, have resulted in improved health for the Mauritanian people. Mortality and morbidity indicators have fallen considerably, and access to and use of essential health-care services has increased, with the specific problems of poor groups and other vulnerable segments of the population increasingly taken into account.

239. The SFPR, a government policy document, aims at reducing poverty through integrated multisectoral action and makes health a priority. It is enjoying the support of all development partners, who view it as an effective way of integrating government action to reduce poverty.

240. The health sector was the first to have received sizeable financial resources as part of the implementation of the SFPR. The additional funds have helped speed up implementation of the successive annual plans since 2002. They have also facilitated ambitious reforms for accelerating the pace of change in some basic indicators, such as access to essential health-care services.

241. In the same vein, and taking account of the changes noted in the sector's planning and management, the Government and some of its partners agreed progressively to adopt budgetary support as the means of financing. This will permit greater flexibility in the funding mechanisms and will also improve monitoring of the health and social programme. The policy is one of the essential preparatory measures.

242. The national policy will also constitute the guidelines for all actions carried out in the sector for the period 2005–2015. It is based on an analysis of the situation of the sector and draws on the recommendations of regular reviews and successive evaluations carried out with all of the sector's partners under the Ministry's direction.

243. After a first section on "sectoral diagnosis", the national policy defines the sector's objectives and reviews the priority strategies for implementing future health and social programmes.

[1] SFPR, 2001.
[2] CBMT Santé, 2001.

244. A participatory process was followed in the adoption of this policy, which involved all the actors of the sector, including the Ministry of Health, other ministerial departments, civil society, communities, and the development partners.

245. Specific guidelines that have been developed in the sector will be annexed to the policy, including guidelines on hospital policy and pharmaceutical law, a master plan for social action, a human resources development plan, a health infrastructure development plan and strategic anti-malaria plans. The following table provides some statistics on health.

Health statistics

Indicator	*2007*
Maternal mortality rate	686 deaths per 100,000 live births
Infant mortality rate	77‰
Infant and child mortality rate	122‰
Health coverage within a 5-km radius	67%
Prevalence of HIV/AIDS	0.61%
Percentage of fully immunized children aged 12–13 months	79%
Percentage of women who have given birth in the past year with pre-natal care	80.5%

Source: ONS and RNDHD.

Situational analysis of the health and social sector

Background

246. Health has been an integral part of the Mauritanian Government policy since independence. However, it was not until the 1980s that health policy was directed at meeting the needs of the majority of the population through primary health care. Since the fourth health plan (**1981–1985**), and prior to the master plan (**1998–2002**), growing importance has been attached to primary health care and to improving health coverage. From 1998 on, new elements of the quality, performance and efficiency of the health-care system have been introduced.

Summary of the evaluation of the master plan[3]

247. The evaluation of the master plan for health and social affairs shed light on its strengths and shortcomings and paved the way for recommendations on how to make the sector more effective, as follows:

- **Broadening health coverage and the quality and utilization of health-care services** benefited from: (a) implementation of the infrastructure development programme; (b) strengthening the training institutions (National School of Public Health and National Institute of Medical Specialties); (c) redeploying staff to outlying areas; (d) setting up a central procurement office for medicines and consumables; and e) developing the *paquet minimum d'activités* (minimum activity package) (PMA) by level.
- **"Improvement of the performance of the health system"**: (a) the use of the POAS as a planning tool; (b) the partial adoption of a sectoral approach; and (c) the

[3] Évaluation du PDSAS, 2004.

improvement of the National Health Information System (SNIS). However, poor monitoring, and decentralization, posed real obstacles to improving this performance.

- For **"reduction of morbidity and mortality linked to major diseases"**, the Health and Social Affairs Development Programme (PDSAS) (a) provided national strategic plans for addressing the major health problems; and (b) mobilized additional human and material resources for these programmes. Nonetheless, the results were hampered by a failure to prioritize the objectives and by weak monitoring.
- The results for **"strengthening social action"** were weak. Only the component on financing the indigent made significant progress. These poor results may be attributed to the general problem of the role of social action within the sector and to the overlapping of functions with better-targeted, better-funded institutions.
- The mobilization of significant additional resources and decentralization of management were not associated with improved efficiency and equity, which required special attention for **"adequate funding of the health and social system"**.
- The poor results reported for the **"creation of a conducive environment for health"**, are explained by the large number of planned actions, which greatly exceeded the sphere of activity of the Ministry of Health. The Ministry has not yet clearly positioned itself vis-à-vis the numerous institutions involved in its functions and responsibilities.

Interrelationship between health and poverty[4]

248. The fact that the national health situation has improved masks disparities among the socio-economic groups; health indicators remain particularly worrisome in rural areas and among the poorest groups, the low-income groups and those with low levels of education. Three groups can be distinguished as a result of the analysis of health indicators by socio-economic group:

- Health indicators have improved for the richest 20 per cent, and the momentum towards achieving the MDGs appears to be quite solid.
- For the 40-per-cent middle-income group, the indicators are still disappointing but are clearly better than for the poorest group; positive momentum appears to have been achieved here as well, but should be strengthened.
- For the poorest 40 per cent, the indicators are extremely weak. This group is not finding it easy to share the momentum of the first two groups, which could probably be achieved with more specific, better-targeted measures.

249. There are also regional disparities: some regions, such as the Fleuve region (Trarza, Brakna, Gorgol and Guidimakha) and the south-east (the two Hodhs and the Assaba), are facing special challenges, with health indicators – mortality, malnutrition and fecundity – significantly below the national average. These disparities are largely explained by differentials in household income and mothers' education. However, access to services, and particularly to treatment and monitoring of children, as well as assisted childbirth, is also important.

[4] Santé et Pauvreté en Mauritanie, 2004.

Health and social situation

250. The Department of Health and Social Affairs analysed the situation in this sector. A number of priority problems emerged, namely:

- Social and health problems in the Mauritanian population;
- The poor level of sectoral responses;
- Environmental aspects of sectoral development.

Priority health and social problems

251. National health and social surveys[5] have helped to identify the health profile and highlight the main health problems. The profile is dominated by:

- **Infectious diseases** of the first order, including malaria, tuberculosis, sexually transmitted diseases and HIV/AIDS, intestinal and urinary parasitic infections, bronchopulmonary infections, oropharyngeal infections and eye infections, and dermatitis. Among children, these diseases are largely dominated by diarrhoea, acute respiratory infections (ARI) and malaria;
- **Nutritional imbalances,** particularly among mothers and children, with a preponderance of protein-calorie malnutrition, micronutrient deficiencies (iron, vitamin A, iodine, etc.) and obesity;
- **Perinatal diseases,** with consequences for the health of mothers and children;
- **Emerging diseases** linked to environmental factors and/or behavioural changes among individuals and communities. This group is dominated by: (a) cardiovascular disease; (b) cancer; (c) mental illness; (d) diabetes; and e) the health effects of the consumption of tobacco and psychoactive substances, as well as fresh outbreaks of bronchopulmonary disease linked to environmental pollution and work-related illnesses.

(a) Maternal mortality

252. Maternal mortality is estimated at 747 maternal deaths per 100,000 live births.[6] This alarming rate is due primarily to the high percentage of high-risk pregnancies (early pregnancy and closely spaced pregnancies), poor testing and monitoring of such pregnancies, and limited access to good emergency obstetrical care, particularly caesarean sections. Haemorrhaging at delivery, obstructed labour, complications due to high blood pressure (eclampsia in particular) and anaemia are the main immediate causes of perinatal death. Inadequate allocation of staff – midwives in particular – is one of the principal obstacles to the development of emergency obstetrical care in the outlying and secondary levels of the health-care pyramid, a situation made worse by sociocultural factors and the limited availability of blood banks.

(b) Infant and child mortality rates

253. Infant and child mortality rates remain high, with 116 deaths per 1,000 children under 5, of which 74 occur during the first year and 53 of which during the first month of

[5] EDSM (2001), VIH chez les femmes enceintes (2001), Enquête nationale de santé mentale (2003), EMIP (2004).

[6] EDSM, 2001.

life.[7] The principal causes of infant and child mortality are ARI, diarrhoea, malaria, malnutrition and measles.

(c) Morbidity rates of the main health problems

254. In addition to the mortality rate, it is important to highlight the economic, social and cultural impact of the health problems that dominate the country's epidemiological profile, particularly those described below.

Malaria

255. Malaria is a serious health problem, with more than 250,000 presumed cases each year. It is the first cause of death in the seven endemic *wilayas*, where it is responsible for 60 per cent of hospitalizations.[8] Malaria is endemic in the south and east of the country; almost non-existent in the north, with the exception of imported cases; and unstable between the two areas. As a result of climatic and environmental changes on the one hand, and the lack of specific measures to combat it on the other, more than 80 per cent of the total population is currently at risk of contracting malaria, with the risk of an epidemic in unstable transmission areas. *Plasmodium falciparum* is found in 90 per cent of cases, and among the Anopheles mosquitoes, the predominant species is *Anopheles gambiae.*

Tuberculosis

256. Tuberculosis remains one of the top health problems in Mauritania. It is undergoing fresh outbreaks as a result of such breeding grounds as HIV/AIDS infection. Prevalence is estimated at more than 130 per 100,000, detection remains poor (< 58 per cent), and the percentage of failed treatments and untreated cases is very high (>38 per cent).

Hepatitis

257. Hepatitis in general, and viral hepatitis in particular, is of concern nationwide. Studies of various groups estimate the prevalence of Hepatitis B[9] at 10 per cent to 24 per cent; cirrhosis of the liver is a major cause of hospitalization and death in national and regional hospitals. Nor is the hepatitis vaccine part of the group of antigens covered by the extended vaccination programme.

HIV/AIDS

258. According to a seroprevalence survey conducted in 2001, there was an average prevalence rate of 0.57 per cent[10] among pregnant women; HIV serosurveillance among tuberculosis sufferers in Nouakchott shows an increased prevalence, mounting from 0.53 per cent in 1986 to 5.2 per cent in 2003.

Malnutrition

259. Mauritania's nutritional situation is alarming, aggravated by a hostile environment that fosters an increase in the prevalence of nutritional disorders, contributing to the appearance of infectious and parasitic diseases, particularly among children under 5. Some 38 per cent of children in this age group suffer from global malnutrition;[11] 40 per cent to

[7] EMIP, 2004.
[8] Plan Stratégique RBM, 2001.
[9] Bulletin du CNH, n° 04, novembre 2004.
[10] Enquête VIH chez les femmes enceintes, 2001.
[11] EDSM, 2001.

67 per cent of pregnant women are anaemic;[12] and 30.9 per cent of the population has iodine deficiency. At least 9 per cent of women[15] practise exclusive breastfeeding of infants up to the age of six months, and low birth weights are an estimated 5 per cent to 12 per cent.

Vaccine-preventable diseases

260. Improvement in the rates of vaccine-preventable diseases remains limited because it is directly linked to immunization coverage. These diseases can resurface if vaccination efforts are relaxed. The measles profile has changed, with the disease now occurring among those over 10 years of age (aged 10 to 15).

Childhood parasitic infections and diarrhoea

261. Childhood diarrhoea is one of the main causes of infant and child mortality. Its prevalence[13] is significant among children under 5 (18 per cent), particularly in the 6-to-23-month age group (29 per cent); less than 40 per cent of children suffering from diarrhoea have received rehydration therapy. Parasitic infections in general, and intestinal parasitic infections in particular, pose a real health problem, especially in the south and south-east areas, and account for up to 10 per cent of consultations involving children under 5.[14] There are worrying new outbreaks of schistosomiasis, and intestinal schistosomiasis in particular, as a result of the development of the Senegal River. Studies conducted in the Trarza *wilaya* have identified S. mansoni infestation rates of up to 90 per cent among children under 9.

Acute respiratory infections

262. Acute respiratory infections – or acute bronchopneumonia – are still a major cause of infant mortality. Their prevalence is 17 per cent among infants aged 6 to 11 months.[15] However, only 39 per cent of children under 5 suffering from ARI have seen a qualified health worker and received treatment.[18]

Avoidable blindness

263. Blindness is one of the most common disabilities, particularly among the disadvantaged groups of the population; a 2003 study found a prevalence of 1.4 per cent among the population as a whole.[16] The two principal causes of blindness are cataracts and trachoma. Half of the cataracts are treated by traditional means. Trachoma is rife in hyper-endemic pockets, especially in the centre and north of the country.

Epidemics

264. Eight potentially epidemic diseases are monitored regularly: meningitis, malaria, cholera, haemorrhagic fever, measles, acute poliomyelitis, bloody diarrhoea and tetanus. In 2002, the surveillance system identified 66 cases of meningitis, including 5 deaths; 833 cases of measles, including 11 deaths; and 19 cases of haemorrhagic fever,[17] including 6 deaths. Rabies is almost endemic, with no effective control strategy.

[12] Enquêtes Anémie, 2000 et 2004.
[13] EDSM, 2001.
[14] Annuaire des statistiques sanitaires en 2003.
[15] EDSM, 2001.
[16] Enquête nationale de cécité, PNLC, 2003.
[17] Rapport de surveillance épidémiologique en 2002.

Noncommunicable diseases and emerging health problems

265. Some diseases are becoming increasingly common as a result of rural exodus, the growth of cities, a more sedentary lifestyle, changes in eating habits and increased consumption of tobacco and psychoactive substances. The lack of evaluation – except of mental illness – among the population as a whole makes it impossible precisely to determine how widespread these problems are.

Cardiovascular disease

266. High blood pressure is one of the leading causes of medical consultations among the elderly, particularly women. Other cardiovascular diseases are among the main causes of medical evacuations abroad (20 per cent), placing a heavy burden on the national budget.

Cancer

267. Cancer – and gynaecological, mammary, digestive, pulmonary, dermatological and ear, nose and throat-related cancers in particular – is increasingly recorded in health statistics as a major cause of mortality and is the leading cause of medical evacuations abroad (28 per cent). A four-year retrospective study[18] identified 923 confirmed histological cancers, with an average early onset of 49 years and a male/female ratio of 0.56.

Traffic accidents

268. In the past two decades the number of vehicles, and the development of the road network, has grown considerably, resulting in an increase in pollution and in the number of traffic accidents. The emergency services of the National Hospital Centre reported an average of 20 treatments per day following traffic accidents. A retrospective study (2001–2003) in Trarza[19] shows a progression in the annual number of accidents – 252, 301 and 356, respectively – a stable number of those wounded in accidents (1.8 on average) and a decrease in the number of deaths due to accidents (from 0.18 to 0.14 on average). Given the lack of a targeted response for reducing these numbers, traffic accidents are apparently responsible for a significant number of deaths and frequent sequelae nationwide.

Mental illness

269. Recent research has uncovered a high incidence of mental illness, with 20 per cent prevalence of anxiety disorders, 16 per cent of depression and 2 per cent of psychotic conditions.[20] This resurgence is apparently due to cultural and socio-economic changes. In light of these figures, mental illness is a serious public health problem and continues to be misunderstood, taboo, and stigmatized.

Diabetes

270. Endocrine disorders, particularly diabetes, are responsible for a significant morbidity and mortality rate. Harmful traditional practices (such as forced feeding) and an increasingly sedentary lifestyle are the main causes.

[18] Étude sur les Cancers en Mauritanie, N.A.B., 2004.
[19] Étude sur les AVP au Trarza, A.T., 2004.
[20] Enquête nationale de santé mentale (2003).

Oral-dental disease

271. Recent surveys of children attending school have found a high incidence of tooth decay (71 per cent).[21] Other than oral-dental disease due in general to poor hygiene, an increase in the number of secondary maxillofacial traumas resulting from traffic accidents, brawling and mouth cancers linked to tobacco consumption, among other factors, should be noted.

Work-related accidents and diseases

272. Work-related diseases are an international health priority; each year, more than a million deaths attributed to such diseases are reported worldwide, and the risk is 20 times higher in developing countries. In Mauritania, mining operations in the north, and the development of industry, construction, fishing and agriculture, have increased the risk of such diseases; the packing industry is particularly to blame, with more than 10 per cent of workers suffering on-the-job injuries each year.[22] In this respect it is also important to note the high rate of nosocomial infections; HIV infection is one example of secondary infections that follow drawing blood or receiving injections.

Social vulnerability

273. The ability of each individual, household or community to cope with social vulnerability varies considerably. Individuals or households have a higher vulnerability coefficient if, faced with these risks, their reserves are too low for them to make the adjustments needed to protect their well-being. Over the past three decades, the effects of factors linked to the drought, the economic situation and structural adjustment have taken a heavy social toll.

274. The distribution of vulnerability and vulnerable groups in Mauritania dovetails largely with that of poverty. The vast majority of these groups, whose precise conditions are little known, live in the rural areas and on the outskirts of the big cities. The main vulnerable groups are poor people in general, and specifically:

- People living in extreme poverty, and the indigent;
- The unemployed and the retired;
- Smallholders (farmers, stockbreeders, fishermen, shopkeepers, etc.);
- Women in general, and women heads of household;
- Young people and children in general, and particularly those in difficult circumstances;
- Persons with disabilities, who reportedly represent 5 per cent of the population and have a school enrolment rate of 5 per cent;
- Victims of disasters and catastrophes;
- The prison population in general, and women and children in particular;
- The marginalized and the destitute (beggars, older persons living alone, mentally ill persons, etc.).

[21] Enquête bucco-dentaire à Nouakchott et à Aioun, 2001.

[22] Étude sur les accidents du travail en milieu de manutention, A.C.S., 2004.

Analysis of the functioning and performance of the health-care system

Health-care coverage

275. The health-care system is made up of three levels of service, as follows:

- The outlying level (*moughataas*), where there are two types of institutions: health posts, and health centres. To support it, basic health clinics (USB) have been opened in many of the village groupings that are distant from health centres and posts; since the mid-1990s, the number and size of these clinics has been decreasing;
- The intermediate level, where there are 10 regional hospitals (in Nema, Aïoun, Kiffa, Kaédi, Aleg, Rosso, Atar, Nouadhibou, Tidjikja and Sélibaby); two of them (in Nouadhibou and Kiffa) have been opened in public administrative institutions;
- The tertiary level comprises referring public institutions: the National Hospital Centre, the Neuropsychiatric Centre, the National Public Health Centre, the National Orthopaedic and Functional Rehabilitation Centre, the Cheikh Zayed Hospital of Nouakchott, the National Blood Transfusion Centre and the Military Hospital of Nouakchott. Two other central institutions conduct training and refresher courses for health professionals: the National School of Public Health and the National Institute of Medical Specialties;
- Private health-care facilities also exist, and are growing, especially in urban centres (such as Nouakchott and Nouadhibou), which provide backup to the public sector in the provision of basic health-care services;
- This health-care system is supported and coordinated by an administrative structure at the central, regional and *moughataa* levels.

276. Following a period during which the primary level received special attention, the current priority is the hospital system, along with strengthening the primary level as a part of enhancing the complementarity and integration of the system. However, health-care coverage is still inadequate, with 33 per cent of the population living more than 5 km away from a health post or centre.[23] Coverage is unequally distributed, ranging from 52 per cent in Hodh El Gharbi to 98 per cent in Nouakchott. This situation, which is due to the poor implementation of guidelines for establishment, has a major impact on the utilization of basic health-care services, and sometimes slows down the improvement of health indicators. Moreover, this theoretical coverage masks the fact that some of the health posts are non-functional due to lack of qualified staff. Of particular importance is the poor maintenance of equipment, and especially of biomedical equipment; the existence of a private maintenance system for rolling stock means that some maintenance can be assured for this type of equipment (vehicles, motorbikes), whereas maintenance of biomedical equipment suffers from a diversity in sourcing and from the lack of a competent public system or private service at all levels of the pyramid.

Human resources

277. An analysis of human resources underscores the main bottlenecks, which include:

- The lack of a human resources management plan for the health sector, which has resulted in a failure to match needs with training;
- Insufficient numbers of staff in all categories (nurses, midwives, social workers, doctors, etc.);

[23] Annuaire statistique sanitaire, 2003.

- Inadequate quantity and quality of basic training;
- The lack of a coherent plan for continuing education and career planning;
- Inequitable management of health professionals (with respect to appointments, promotions, involvement in training activities at the national or international level, participation in professional meetings/colloquiums, monitoring, discipline, rewards, etc.);
- The inadequacy of the incentive system, which does not take into account the individual's performance as well as his presence, and the lack of supportive measures for settling in new staff (such as housing);
- Poor staff management capacity at all levels.

Essential medicines, vaccines and consumables

278. Despite praiseworthy efforts and a clear improvement in the availability of medicines and consumables, the health-care system guarantees neither the continuous availability of essential medicines, vaccines and consumables at all levels, nor affordable prices. Shortages of medicines persist in the outlying areas, along with stocks that are past their expiry date; the cost of certain medicines for health institutions in the peripheral areas is relatively increasing; the quality of medicines is not independently monitored; and vaccines and vaccination consumables, as well as promotional consumables for fighting diseases, are not procured through the authorized national institutions. Poor management skills at the decentralized level should also be noted (especially with regard to anticipating needs).

279. The private pharmaceutical subsector is anarchic, and "private" medicines are not subject to any quality controls or pertinent, consistent pricing that takes account of their social nature and guarantees the quality and consistency of prices. The prices of medicines sold in private dispensaries and pharmaceutical warehouses are not standardized, and product costs are sometimes doubled or tripled based on the particular establishment and the provenance.

280. In order to deal with this situation, a pharmaceutical law has just been passed that requires all producers wishing to market a product in Mauritania to request and obtain a marketing permit for that product in all its forms. The pricing of essential medicines by public institutions has been subject to an implementing decree that revises the cost recovery system; this decree takes account of concerns for making medicines accessible, particularly to the poorest, and for continuity in the procurement of essential medicines and consumables. At the tertiary hospitals, pricing is decided by each governing board, which means there is a lack of harmony between institutions at the same level; the fact that these institutions are not part of the public procurement system prevents economies of scale with respect to the cost of the medicine and makes the institutions even less affordable.

Quality of health-care services

281. The quality of services is poor in almost all health-care facilities, both public and private.[24] This is largely a result of the state of the facilities, the quality of the medicines and consumables, the quality of basic training and continuing education, the demotivation of staff and the lack of monitoring and follow-up of the services provided. Poor hospital hygiene has triggered the emergence of nosocomial infections, which have become increasingly frequent in hospital statistics. This deterioration in the quality of public and private services has reduced the confidence of the population in the health-care system,

[24] Rapport d'évaluation du PDSAS, 2004, and specific activity reports on regional and central hospitals.

leading to a significant increase in the number of persons receiving treatment abroad and a related capital flight and decrease in the amount of funds available to the system. The weak referral system among the different levels of the health-care pyramid should also be noted, particularly with regard to obstetrical, surgical emergencies and the treatment of trauma, for which initial treatment and transfers are inadequate. Low population density, and the magnitude of the distances to be covered, only worsen the situation in an environment still marked by major shortfalls of human, material and financial resources.

Promotion of health and IEC

282. The prevalence of diseases that could be avoided through behavioural change highlights the inadequacy of health promotion measures. The health situation is largely dominated by infectious diseases, nutritional imbalances and emerging diseases, particularly those linked to individual and community hygiene. However, there are no targeted, pertinent or coherent IEC programmes geared at inducing real changes in behaviour that is harmful to health.

Traditional medicine

283. A form of high-touch medicine, traditional medicine is apparently the second most common form of health care today; it is to be found nationwide, and uses diverse methods and domestic plants or plants imported from other regions. Traditional practitioners formed an association (ATM) in 2003. Not officially recognized by the health-care system, traditional medicine suffers from a lack of organization and structure, and receives no outside support. It frequently involves invasive acts practised in an unsterile environment, and some traditional practitioners practise modern medicine without being qualified.

Hygiene and sanitation

284. The institutional and legal framework is lacking in the area of hygiene and sanitation. The National Hygiene Code has barely been implemented. There is no national strategy for household garbage, hospital hygiene, biomedical waste and hazardous waste, and no quality control mechanism for food, all of which poses serious public-health problems. A study on biomedical waste identified the main forms of intervention in this area.

285. The following should also be noted:

- The lack of studies on health risks linked to chemical substances and gas emissions;
- The lack of information made available to the population on the effects of environmental factors on health;
- The lack of human and financial resources for improving hygiene, sanitation and chemical safety.

Financial access of the poor to health-care treatment

286. Available information shows that the health-care system is underutilized, and that its utilization is unequally distributed throughout the system – particularly by the poorest groups. The leading cause is the high cost of treatment and medicines.[25] Households in the poorest quintile spend twice as much on health care (8.9 per cent of their income) as the richest quintile (4.6 per cent); this situation, which is related to the fact that the cost of

[25] EPCV 2000.

treatment and medicines is considered high, calls for implementation of a specific policy to provide equitable financial access to all essential treatment.

Social measures

287. The solutions applied to social problems are completely out of step with the problems themselves. This is compounded by the lack of coordination among the various departments in charge of social protection; the lack of specialized human resources, which means that the skills and expertise needed to design, develop, execute and monitor social programmes and policies are unavailable; and the lack of awareness of social measures on the part of the target groups, which is a serious impediment to setting up appropriate programmes.

Financing of the sector

288. Two periods can be distinguished with regard to financing, as described below.[26]

289. The first period (1993 to 2000) is characterized by:

- A low fiscal base (23 per cent of GDP) and rapid growth of debt;
- Health-care expenditures (8 per cent of public spending, excluding debt, instead of the recommended 15 per cent) that are increasing less quickly than those of other sectors (such as education);
- A low level of expenditures of less than 10 United States dollars per capita, per year (instead of the recommended 20 to 40 United States dollars), which is not enough to meet the sector's needs;
- A ratio of investment to operating costs that has remained very high (1.2 instead of the recommended 0.6) due to a low increase in State health-care expenditures (especially operating costs) and the growing commitment of numerous donors to investment expenditures;
- A much more moderate increase in human resources financing (80 per cent between 1993 and 2000) than in investment (300 per cent for the same period), and relatively low remuneration for health-care personnel compared to the national, subregional and international averages;
- A smaller increase at the operational levels (primary: +46 per cent and secondary: +74 per cent) than at the tertiary (+300 per cent) and administrative levels (+100 per cent);
- Public subsidies that have favoured the richest groups (the richest 40 per cent absorbed more than 82 per cent of subsidies) over the more disadvantaged (the poorest 20 per cent received only 2 per cent of these subsidies).

290. Allocations improved during the second period (2001–2004), which was associated with low levels of financial implementation, marked by:

- An increase in health-care expenditures, rising to 11 per cent of State expenditures (excluding debt);
- Higher per capita health-care expenditures, reaching an average 14 United States dollars per capita, per year;
- A ratio of investment to operating costs below 0.8;

[26] Santé et pauvreté, 2000.

- An increase in human resources expenditures of about 65 per cent, primarily on danger zone and proficiency bonuses;
- A greater share of expenditures allocated to the operational levels, thanks to significant increases in regional budgets (from 200 per cent to 400 per cent) and the revitalization programme for regional hospitals;
- More equitable expenditure, with expenditures on the poorest regions increasing two or three times as much as on the richest regions.

291. The resources for the sector include funds generated by the system through cost recovery for treatments and medicines at all levels of the pyramid. In 2000, these funds totalled some 458 million ouguiyas, equivalent to 167 ouguiyas or 0.7 United States dollars per capita, per year. This cost recovery system (CRS) is increasingly used; the increase of more than 224 per cent between 1993 and 2000 can be attributed primarily to the system's application at all levels, and to its extension to all *wilayas*.[27] Despite this increase, such funding represents only a modest share of the sector's financing, or about 9 per cent of all public health expenditures. Fees are charged for such services for two main reasons: 1) to ensure the continuous, regular availability of liquid assets at the local level, and 2) to provide access for all, and particularly the poorest, to basic health care through the payment of an inexpensive "admission ticket" to the system. Better protection of the poor will probably require putting greater emphasis on targeted third-party payment mechanisms.

292. It has not been possible for the sector to absorb the sizeable funds made available to it in recent years because of cumbersome disbursement procedures, major delays in budget implementation, the centralization of financial management and the institutional weakness of the decentralized establishments of the Ministry of Health. All this is compounded by the poor capacity of the private sector, particularly as concerns construction, the supply of biomedical equipment, and maintenance.

Situation of the private and semi-public sectors

293. The private sector poses enormous difficulties with respect to standardization and quality of care. The lack of strict respect for existing legislation, and the unregulated expansion of the sector, has a negative impact on the quality of public health-care services, with State personnel also working in the private sector – a situation tolerated by law. The private sector has three types of facilities.

294. Private-sector facilities include the following:

- Medical clinics (a total of 24) are concentrated in Nouakchott and Nouadhibou; they have an average capacity of 10 beds and offer care in at least one medical specialty;
- Medical practices (a total of 28) are run by both specialists and non-specialists and offer consultations and first aid;
- Dental practices (a total of 34) are run by dental surgeons and offer oral-dental care;
- Nursing units (a total of 32) are for the most part run by retired nurses.

295. Private pharmaceutical establishments (numbering 387) are made up of 12 wholesalers, 108 dispensaries and 267 warehouses. Existing legislation is not implemented, particularly with regard to setting up businesses, the qualifications of service providers, the quality of the products sold, and storage conditions.

[27] RDPS, 2001.

296. Authorized private biomedical analysis laboratories are few in number (a total of 8) and are to be found only in Nouakchott, Nouadhibou and Kiffa.

297. The semi-public sector is composed primarily of occupational health facilities, the health-care services of the Army, and the medical service of the National Industrial and Mining Company. The sector's share of coverage is not well known, despite its size; it suffers from weak coordination with the public system.

National Health Information System

298. The National Health Information System, which was set up for the outlying institutions of the public health-care system (health posts and centres), has been significantly improved in terms of data collection, transfer and analysis. However, it does not cover the secondary or tertiary levels or private establishments, and the data it collects are unreliable.

Sectoral environment

299. As health is "a state of complete physical, mental and social well-being", it requires the development of a conducive political, economic and social environment, and its effectiveness depends on the magnitude and complementarity of the partnership that should be put into place.

Political environment

300. The current political environment is conducive to a real development of the health-care system and to considerable improvement of the population's health; the framework of democratization, and the strategic approach to poverty reduction, are its two main pillars. The success of the most recent local, parliamentary and presidential elections was universally acknowledged. It also opened the way to a high-level debate on how to continue to improve government action.

301. The Strategic Framework for Poverty Reduction led to the adoption of a single, integrated government policy for improving the socio-economic standard of the population as a whole; it involved four strategic approaches that would increase and maintain economic growth, anchor that growth among the poor, develop human resources and ensure access to essential services, improve governance and strengthen capacities. The Framework makes government action more visible and guarantees the integration and complementarity of sectoral action. This paves the way for a multisectoral vision of health and social action, which is indispensable if such action is to be effective and sustainable.

Economic environment

302. Economic growth, and the continuing rise in revenues, is conducive to the sector's financial growth as part of the strategic framework. The SFPR places the sector among the Government's short- and medium-term priorities. The country's participation in the HIPC Initiative mobilized significant additional resources as a result of the cancellation of a large part of the debt. The discovery of oil resources broadened the horizons for national financing, guaranteeing the sustainability and effectiveness of investments in the qualitative and quantitative improvement of the country's health-care coverage.

Partnerships

303. In parallel with the growth of available financing, the sector's partners are mobilizing significant additional resources. Bilateral and multilateral development partners provide a large share of such funds, between 30 per cent and 40 per cent of all resources.[28] Despite improvements in planning and resource mobilization, however, the increasing number of management procedures and the diversity of priorities and mandates reduce the effectiveness of these resources and account for their low implementation rate.

304. Partnerships with the sector are executed on three levels:

- At the local level, the involvement of communities and civil society remains limited. The health committees set up in 1990 and re-established in 2003 are ineffective;
- At the intermediate level, health councils and committees are dysfunctional because of the limited involvement of other government sectors and regional actors;
- At the national level, since 1998 the Ministry of Health and its partners have adopted a sectoral approach based on the development of a single programme that incorporates all projects and actions. The implementation of this approach did not follow the process as initially conceived, and the fact that separate accounts are kept, with specific procedures for each donor, alongside a lack of absorption capacity, posed real handicaps to disbursement and to financial implementation of the department's operational plans. Annual sectoral reviews created an opportunity for frank debate among the various actors of the sector, namely: all levels of the Ministry of Health, the private health-care sector, other government sectors, development partners, and civil society.

Research

305. Poor organization, poor quality, and the lack of an ethical framework for public-health research have impeded the production of reliable research directed at meeting the sector's needs. Initiatives to create a public-health research institute and to encourage scientific collaboration reflect the authorities' interest in promoting research. Nonetheless, there are several obstacles: poor institutional research capacity, a lack of skilled human resources and financial resources, poor dissemination of research findings, and limited development of scientific collaboration, both between national institutions and with institutions abroad. Moreover, research is conducted by several central departments, State institutions and health-care programmes.

Vision, values and principles of the national health and social policy

306. The right to health is a fundamental right of all Mauritanian citizens. The national health and social policy accordingly targets the sustainable improvement of the population's health and at reducing the impact of poverty on the most vulnerable groups. Combating disease is one of the essential means of poverty reduction. It must be part of a global vision of society and of individuals.

307. All individuals and social groups must find in the health and social system a response to their needs, whether individual or collective. The State, communities and citizens are all responsible for combating disease and exclusion, as well as for health and social development.

[28] RDPS, 2004.

308. Ethics and the principles of equity, justice and social solidarity will guide the strategic choices of the health and social policy and ensure the sustainable improvement of the population's health.

309. The involvement of all actors, community participation, and effective coordination will be the prime movers of a successful health and social policy. The mobilization of all necessary resources should result in concrete measures for meeting the legitimate expectations of the population.

310. By the year 2015, the health policy is expected to have created a modern health-care system that is proactive, effective and accessible to the entire population, regardless of where they live, their level of education, their age, sex, origins, economic status, and so forth. The system will have made a major contribution to improving life expectancy and the quality of life. The health policy, working in tandem with other sectors, will make it possible to combat poverty and control diseases associated with poverty and ignorance. It will accordingly focus on empowering the population, community participation and intersectoral collaboration as a part of harmonious health and social development.

Purpose and objectives of the policy

Purpose

311. The purpose of the policy is to improve the state of health and social protection by means of access to high-quality health and social care. This will require an integrated health-care system in which all actors, and particularly the end-users and communities, participate effectively and responsibly.

Objectives

312. The policy places priority on maternal and child health and on combating the main endemic and emerging diseases.

313. With respect to maternal and child health, the priority measures undertaken over the past few years to reduce maternal mortality by three fourths, and infantile mortality by two thirds, should be pursued.

314. Nutritional status should also be improved so as to help reduce nutrition-related mortality and morbidity, including micronutrient malnutrition among children under 5 and pregnant women (vitamin A deficiency, anaemia, iodine deficiency).

315. With regard to the main endemic and emerging diseases, efforts to the year 2015 should target:

- Stabilizing the prevalence of HIV/AIDS at less than 1 per cent of the population, and treating all newly declared cases;
- Decreasing the prevalence of malaria, Hepatitis B and tuberculosis;
- Developing measures for the prevention, screening and control of noncommunicable emerging diseases.

316. Where social protection is concerned, the policy must cover the funding of health care for the majority of the impoverished and marginalized. Social measures must improve the targeting, guidance and inclusion of vulnerable children and the care and inclusion of persons with disabilities.

Strategic directions

317. Sectoral action will be structured around the main strategies described below.

Improved access to good health care

318. **The construction, rehabilitation and equipment** of public and private health-care facilities will be accompanied by the **development of maintenance** at all levels.

319. A construction and equipment programme will be adopted and updated regularly. This will allow the health-coverage goals to be achieved in a manner consistent with the availability of essential human resources. At the same time, the following components will be put into place:

- A health-care card covering the entire country, renewable every three years;
- A system for reviewing and adapting norms, and standard designs for health-care facilities, taking account of social dynamics and the changing availability of human resources;
- A periodic renovation plan for keeping the facilities in good working order and for adding any extensions deemed advisable in the light of evaluations;
- An efficient maintenance system based on complementary arrangements between the public and private sectors, guaranteeing regular preventive and corrective maintenance of all the Department's technical and logistical equipment, in keeping with the national maintenance strategy.

320. **Human resources development** will aim at guaranteeing the continuous availability of qualified staff at all levels of the pyramid, in keeping with national standards.

321. The human resources development strategy should facilitate:

- Setting up a forward management system for human resources that is consistent with all subprogrammes, particularly the health-care coverage extension programme. Personnel standards will be regularly reviewed and improved in order to respond to the changing situation;
- Providing training for the various staff categories that is appropriate in terms of both quantity and quality.

322. The following steps should be taken to meet the objectives:

- Strengthening the basic training capacity of existing facilities and opening new training centres and a Faculty of Medicine, Pharmacology and Oral-dental Medicine;
- Implementing the master plan for continuing education by stressing the quality of services, in conformity with the PMA for each level;
- Granting legal status to new private training centres for paramedics in order to meet the sector's needs;
- Decentralizing the recruitment of medical and paramedical staff so as to ensure complete coverage of the needs for qualified human resources at all levels of the pyramid and in all parts of the country;
- Guaranteeing real, lasting equity and justice in the management, incentive system for, and monitoring of, health professionals at all levels. To this end an organizational chart, career plan and special status for health professionals will be adopted and implemented, and national management tools developed that take account of national and international know-how and experience.
- Expanding the staff incentive system by including performance and productivity bonuses aimed at rewarding staff efforts at quality. At the same time, the disciplinary system will be overhauled in order to ensure balance and guarantee that the performances achieved are widespread and sustainable. In this framework a

housing construction programme for professionals working in the health posts, health centres and intermediary hospitals will be carried out;

- Promoting and strengthening professional ethics in parallel with consistent and motivating career development that reinforces the forward management system for human resources in the health field;

- Strengthening monitoring and training supervision at all levels as part of a comprehensive national plan aimed in particular at improving the quality of services. Supervision will receive all due attention and will be the basic tool for continuing education, staff motivation and regular evaluation of the system.

323. The strategy will be implemented in the successive human resources development plans, which will encompass all of these dimensions.

324. **The availability and accessibility of high-quality medicines and consumables** will be ensured in both public and private facilities.

325. To that end, the strategy will entail:

- Bolstering the public procurement and distribution system for medicines and consumables. This will involve strengthening national, regional and outlying facilities in order to guarantee that essential medicines, vaccines and consumables are constantly available, and at all levels of the health-care pyramid. Generics will be preferred so as to make these essential resources affordable for the broadest possible swathe of the population. Lastly, new production units will be encouraged in order to make widely used products (such as solutions, tubes, syringes and compresses) more available and accessible;

- Implementing strict quality controls for all pharmaceutical products acquired in the country, and making such controls independent of the procurement and distribution establishments. Such controls will be carried out both on medicines in the public sector and on medicines procured from the private pharmaceutical subsector. The necessary regulations and means for conducting such controls will be made available to quality-control bodies;

- Reorganizing the private subsector so as to guarantee the quality, accessibility and pricing consistency of products. The provisions of the pharmaceutical law permitting other non-medical or pharmaceutical professions to sell medicines will be reviewed, and new laws will be very strict in this regard. The legal owners of dispensaries will be organized and included in the implementation of the health and social policy, particularly with regard to the availability of medicines. The Association of Doctors, Pharmacists and Dental Surgeons will play a stronger advisory role in granting operating permits and in monitoring the private sector;

- Conducting ongoing inspection of all public and private facilities at all levels so as ensure implementation of the above-mentioned measures. The General Health Inspectorate will be given the legal, human resources and material tools needed to carry out this important task.

326. **The provision of high-quality health care will depend** on the level and type of establishment.

327. The strategy will be based on the following measures:

- A PMA will be adopted for each type of facility, which should be implemented at all levels and apply to private establishments; it will be reviewed every five years;

- Basic training curricula will be reviewed in order to guarantee that sufficiently qualified staff are available;

- An appropriate continuing education plan will be implemented, aimed primarily at constantly improving the quality of services;
- A quality control system will be set up to complement the current incentive system, stipulating objective criteria for measuring performance. Efficient treatment of medical emergencies will receive priority in this system, with the adoption of legislation on emergency management;
- An efficient, sustainable national referral system will be adopted and implemented at all levels;
- A continuing supervisory programme for training that involves all levels of the system, as well as private health-care facilities, will be implemented;
- The role of the Association of Doctors, Pharmacists and Dental Surgeons will be strengthened to make it operational and authoritative;
- A research programme will be instituted on quality, and regular technical consultations held – such as congresses, colloquiums and discussion days – involving all categories of staff. The health and social policy will be directed in particular at strengthening research in the health field, especially operational and action-oriented research.

328. **Revitalization of the community approach** is a strategy aimed at:

- Ensuring that the entire population has access to basic health care;
- Strengthening the primary prevention of disease;
- Fostering a participatory culture for involving the population in managing their own health.

329. As part of this strategy, the following actions are envisaged:

- Basic health clinics will be opened or re-opened for village groupings located more than 10 km from a health post or centre; for groupings located between 5 and 10 km away, care will be provided through new technologies. These clinics will be run by a community health agent or assistant midwife who has received sufficient training to be able to meet the basic needs of the communities. They must progressively, and in line with an equitable development plan for health facilities, be transformed into health posts that respect staff and equipment standards;
- Health committees will be created in all village groupings that have a health centre, post or clinic. They will play an awareness-raising role, monitoring the health of the population and managing the health-care facilities in their respective areas. They will receive the necessary training, guidance and monitoring. Civil society will also be called upon to bolster community information and awareness-raising programmes;
- The health committees will place health-extension workers in those villages that do not need a health-care facility or clinic; these workers will serve as liaisons between the facility or clinic and the village community concerned, and will be responsible for raising awareness on recommended behaviour and for mobilizing communities in order to increase the use of the services.

330. **The organization and integration of traditional medicine:** Taking account of the current status of traditional medicine and of international recommendations[29] will facilitate the application of three essential approaches, as follows:

- Institutionalization of traditional medicine within a national legal framework that integrates traditional medicine into the public health-care system;
- Involvement of traditional practitioners as health-care actors within the framework of health and social programmes, particularly with regard to specific aspects of IEC, so as to broaden the scope of disease control;
- Supporting scientific research on traditional medicine in order to develop the use of medicinal plants and evaluate the effectiveness of traditional medicine.

Disease control

331. The following steps will be taken to control endemo-epidemic diseases (malaria, HIV/AIDS, tuberculosis, hepatitis, malnutrition, vaccine-preventable diseases, childhood parasitic infections and diarrhoea, schistosomiasis, ARI, blindness, potentially epidemic diseases, cardiovascular disease, cancer, traffic accidents, mental illness, diabetes, oral-dental disease, etc.):

- The targeting and content of existing **health promotion programmes** will be improved and they will be made stronger, more diversified and better coordinated. These programmes will be geared at changing the behaviour of the population and making it more aware of the environmental factors that affect their health, of the judicious use of health-care services, and of the responsible management of their own health. The programmes will be implemented as part of institutional arrangements involving the MSAS, health-communications experts, other governmental sectors, national media and civil society;
- Control of the main diseases will be enhanced through preventive measures, screening and treatment based on national and international strategies. Such actions will be carried out throughout the health-care system by incorporating them into regular health-care activities;
- The necessary technical capacities will be strengthened at the primary, secondary and tertiary levels to ensure that virtually all referrals (trauma treatment and plastic surgery, cardiac and neurological surgery, cancer treatment, radiotherapy, chemotherapy, etc.) are treated. The appropriate preventive strategies and cures will be developed to 1) decrease the prevalence of disease through positive behavioural modification, 2) reduce the specific mortality rates and 3) mitigate the health, social and economic impact (after-effects and impact on household, community and State expenses);
- Technical capacity will be strengthened at the outlying levels (health posts and centres) and secondary levels (regional hospitals) so as to improve primary prevention, screening and treatment, including of referrals. The continuing education programme will address the prevention and treatment of these diseases, and a referral system will be developed to increase access to high-quality facilities;
- A comprehensive management system for epidemics and catastrophes will be put in place at all levels of the health-care pyramid, which should enable a rapid,

[29] Rapport de la réunion sur l'institutionnalisation de la médicine traditionnelle, 2004.

appropriate and effective response to the effects of all national catastrophes, especially epidemics;

- A special strategy for managing hospital waste will be implemented as part of the hospital policy and of a national sanitation policy involving all relevant actors;
- As part of the implementation of the national nutrition policy, children and pregnant women suffering from malnutrition will be treated and monitored, and the necessary technical support provided to other departments in the fields of food security, community and school nutrition and food quality control;
- The appropriate legal framework and tools for improving environmental hygiene and sanitation will be created. In this context, existing laws and regulations will be reviewed and adapted to the current situation and to manage the problem from a multisectoral perspective, by involving more community organizations and local groups and by better defining the roles and prerogatives of each actor.

Adequate and equitable financing of the health-care system

332. Four principal methods will be used to fund the State health-care system, as follows:

- State financing, primarily through State budget subsidies paid to the trust funds of autonomous institutions or through another type of credit allocated to establishments at each level where management is being progressively decentralized. The State will remain the principal source of funding for the sector, as part of a financing policy for achieving universal access to basic health care;
- Community financing, through direct payment by end-users when local groups, NGOs and community-based organizations are involved. Improved fluidity and management of the CRS will increase the share of such financing, which will have to continue to grow while at the same time minimizing its impact on the access of the poor to basic health care;
- The development of risk-sharing mechanisms (e.g. mutual funds, insurance policies, lump sums) and a solidarity system (providing care for the indigent) will be one of the priorities for financing the sector;
- External funds (national and international) will complement these types of funding and will facilitate investments in the various fields of health and social action.

333. During the period covered, the financing policy will aim at greater efficiency by:

- Raising the State subsidy to more than 15 per cent of the national budget (excluding debt service);
- Ensuring total annual per capita funding of more than 5,200 UM, equivalent to 20 United States dollars;
- Ensuring a ratio of investment to operating costs that permits the efficient absorption of resources by keeping the ratio below 0.6;
- Guaranteeing the efficient distribution of resources among the different levels of the health-care pyramid, with a ratio of primary and secondary to tertiary and central financing above 1.8;
- Increasing the share of the CRS in total sector financing to more than 15 per cent.

334. This financing policy should guarantee financial access to basic health care for all Mauritanians, particularly the poorest, by developing:

- Risk-sharing methods for the large majority of the population (e.g. mutual funds, insurance policies, lump sums, etc.). Experience in the use of mutual funds and lump sums will be analysed, evaluated and taken into account to promote their use as part of a comprehensive and progressive programme for full national coverage;
- Poverty funds and equity funds whose financing and operation may vary depending on the area and the circumstances. The State contribution will become increasingly important as the sick persons move through the health-care pyramid and their treatment becomes increasingly complex and costly.

335. With regard to the private medical and paramedical sector, current funding mechanisms will be retained while also guaranteeing the uniformity and consistency of costs, which will protect the interests of both the patient and the service provider.

336. The semi-public health sector will be included in a national strategy for guaranteeing all workers an efficient form of health insurance.

Implementation of targeted social action

337. The implementation of specific strategies for each of the target groups for social action will be part of a national social protection plan. As part of its clear, coherent and multisectoral vision of social protection, the Department will formulate specific strategies for improving the living conditions of vulnerable social groups that stress their access to essential services (such as health, education and so forth).

338. This will involve five principal measures:

- Improvement of the institutional framework for social action by clarifying roles and responsibilities, and better definition of responsibilities as part of coherent sharing of roles among the various departments. This will involve developing a national social action strategy, which will help to identify the various components of social protection and the best means of organizing them and avoiding duplication. If the compartmentalization option is retained, formal mechanisms will be needed for consultations on and coordination of social actions and policies;
- Creation of databases through situational analyses of the various target groups, in order to ensure the quality of monitoring and of future comparisons, and the adoption of methods for targeting, monitoring and evaluating social policies;
- Human resources development of the technical services in charge of social action, permitting better design, formulation, execution and monitoring/evaluation of social action programmes;
- Development of a strategy for financing; the process should focus on the search for alternative means of financing with a view to mobilizing resources and national solidarity mechanisms;
- Strengthening of the institutional and technical capacities of actors involved in social action so that they can better identify, understand and analyse social groups and thus better formulate, execute and evaluate specific actions and programmes for the most disadvantaged segments of the population.

Evaluation of the performance of the health-care system

(a) Supervision, monitoring and evaluation of all the actions in the sector

339. As previously mentioned, supervision will hold pride of place in the national health and social policy as a cross-cutting tool to support all other strategies, and as the top strategy for motivating staff and improving the quality of services. A specific supervision policy will be adopted to that end, defining the objectives, strategies, means of implementation and resources required for the system's regular and efficient supervision. Supervision will then be strengthened at all levels and instruments for analysing the results of supervision will be developed in keeping with the capacities and responsibilities of each level.

340. Public and private health-care facilities will be monitored regularly to ensure strict compliance with existing laws and regulations, within the framework of a robust General Health Inspectorate and in collaboration with the relevant departments and institutions, especially the National Association of Doctors, Pharmacists and Dental Surgeons. Medical ethics will be a cornerstone of such monitoring, which should guarantee the rights of the patient and of the service provider within the national legal framework.

(b) Implementation and strengthening of health information and medical research to improve the actions in the sector on a regular basis

341. For the purposes of regular improvement of sectoral action, research in general, and operational and action-oriented research in particular, will be strengthened as part of a policy to create skills and mobilize the necessary resources; the evaluation of the sector's programmes and actions will hold pride of place in this research programme. Mechanisms for sharing experiences with foreign institutions, particularly within the subregion, will be created as part of a programme to improve research skills and coordinate intercountry responses. This research will be subject to systematic ethical oversight governed by specific regulations.

342. At the same time, the national health information system will be strengthened and expanded at all levels of the health-care pyramid. It will take into account private-sector data, and its analysis will be decentralized so as to involve communities in decision-making.

Strengthening the sector's performance

(a) Strengthening the institutional framework of the Ministry of Health

343. The sector's performance will have to involve decentralizing responsibilities and decision-making at the most peripheral level possible. Medium-term regional programmes and annual operating plans will be created for the *moughataas*, and the authority of the health officials in the *wilayas* and *moughataas* for managing the human, material and financial resources under their supervision will be reinforced.

344. The performance will also be evaluated on how the results match the objectives defined in the regional and *moughataa* planning processes.

345. At the tertiary level, this decentralization will be reflected in greater responsibility for boards of directors and managing bodies and for institutional heads as part of a reform to define the nature of public health-care facilities in line with the national hospital policy. Decentralization will also be carried out within each facility so as to give more responsibility to the technical and operational levels.

346. Lastly, the central level will receive the human and material resources needed to carry out its tasks of design, coordination, standardization, regulation and monitoring.

(b) Revitalization of community involvement in the decentralization of essential outlying services

347. As a result of the recent revision of laws on the cost recovery system, some of the main recommendations for improving community involvement in planning and managing the health-care system were taken on board. Those recommendations will now have to be implemented, and a programme created for training, motivating and monitoring the health committees at all levels. At the same time, the managerial responsibilities of these committees will be strengthened, and they will be made solely responsible for allocating State subsidies and the funds generated by the CRS.

348. The health committees will be revitalized in three phases: 1) organization or re-organization of the committees in keeping with the spirit of the new laws; 2) implementation of a training programme on the health and social policy and on the role, duties and rights of the health committees in the health-care system; and 3) establishment of efficient monitoring mechanisms at all levels to ensure that the committees are regularly improved and their opinions taken into account in the system's decision-making process.

Regulation and support of the private sector

349. In accordance with the national guidelines to be developed under the hospital policy, the role of the private sector should be strengthened so as to incorporate it into the national health-care system as an essential component of implementing the health and social policy. The authorized bodies of the Ministry of Health will have to intervene in this regard by ensuring strict application of current regulations. A support and reinforcement programme will also be implemented as part of a global integration strategy to define the place and role of each type of private facility.

Strengthening partnerships and contractual arrangements

350. To further strengthen partnerships in the sector, a contracts policy will be adopted to increase and diversify the ways and means of implementing actions through contracts, whether internal – between different staffs or levels of the system – or external, with private actors (communities) or civil society. This contractual approach is proving increasingly indispensable as the number of actions increases and actions are becoming more diversified. The handbook on contractual arrangements with NGOs should serve as a basis for drafting similar documents for actors and for implementing joint action by the Ministry of Health and civil society organizations working in the sector. Such partnerships will be strengthened so as to ensure that these actors are truly involved in sectoral action.

Development of multisectoral implementation

351. The implementation of the SFPR is facilitating the multisectoral implementation of health and social action. Formal instruments will have to be drawn up on collaboration between the Ministry of Health and all other sectors. Such collaboration will be geared at making the Ministry's action more efficient through guidance and the involvement of other sectors, but will also be geared at reducing the negative impact of other sections' actions on the development or emergence of health and social problems.

Strengthening the sector's legal and institutional environment

352. Health and social action will be carried out in a stronger legal, institutional and governance framework. Policies and guidelines will be adopted for better institutionalizing

the guidelines outlined above. This applies particularly to hospital policy, the pharmaceutical law, the Public Health Code and other documents that will guide the country in managing such emerging issues as medical error, organ donation and transplants, and human cloning. The powers of the institutions involved in improving the sector's governance will be strengthened, and the institutions will receive more efficient human and material resources for monitoring and follow-up. Issues of discipline and rewards will become increasingly important in human resources management.

Strengthening the sectoral approach

353. The sectoral approach was officially adopted by the Ministry of Health and its development partners in 1998. As a result, support initiatives have been more consistently channelled towards the strategies and objectives of the PDSAS. However, this approach has been seriously handicapped by the management problems of some partners in a "joint fund", probably because there was no consensus on a management system. The approach will have to be strengthened by adopting a single set of procedures for managing the funds allocated to the sector and by setting up evaluation and monitoring mechanisms that will foster complete confidence in the system. A task force will be formally established and strengthened under the guidance of the Ministry of Health and Social Affairs and expanded to include other actors of the sector (private actors, civil society, communities). This group will play a leading role in the planning, monitoring and evaluation of the health and social programme. At the same time, regulations will be adopted to ensure the unicity of the Fund within the MSAS and to formalize mechanisms for monitoring the sector's resources.

Prerequisites for ensuring successful policy implementation

354. Successful implementation of the policy will depend largely on the presence of favourable conditions, namely:

- Continuity of the current political and economic environment, which is conducive to real health and social development;
- Commitment to the policy and mobilization of all health professionals at all levels;
- Adequate and stable funding of the actions identified as priorities;
- Intrasectoral coordination and collaboration, which are indispensable to making the actions more efficient.

Conclusion

355. The Mauritanian health and social situation has improved dramatically in the past two decades. However, much remains to be done before the country can honour its commitments towards the MDGs. To do so, the current health and social action policy defines the foundations of the sectoral strategy, beginning with an in-depth analysis of the current situation and taking into account the country's political, sociocultural, economic and environmental framework as well as international guidelines on health, social action and poverty reduction. Special emphasis will be placed on partnerships and the multisectoral nature of such action in view of the sector's specific characteristics, its problems, and the corresponding solutions.

356. The Mauritanian State affirms its determination to implement this policy. It will put into place the conditions for its success and ensure leadership and mobilization of the necessary funds. The administrative and technical health-care services at all levels of the pyramid will be responsible for their respective areas of implementation. Monitoring and evaluation mechanisms will be created to guarantee that the objectives are attained. In parallel, the State will involve the various actors, especially the communities and

development partners, who will be called on to play an increasingly important role in the country's health and social action.

357. The policy will constitute the national baseline document for all health and social action, whether public, private or community-based. It is to be made operational through master plans (3 to 5 years), action plans (2 to 3 years) and successive annual operating plans. It will be executed at the central and regional levels by multidisciplinary committees in charge of monitoring its implementation.

Articles 13 and 14
The right to education

Steps taken to implement the right to education for all

358. Primary education is compulsory and accessible to everyone.

Legal and regulatory framework

359. Access to free primary education is a fundamental right of all Mauritanian children.

360. The State's public education system has nonetheless quickly shown the limitations of education that is optional: there are few candidates and consequently more staff than is needed to meet future human resources needs.

361. In 1975, the Mauritanian legislature accordingly adopted Act No. 75–023, which makes basic public education compulsory.

362. This law was drafted with the objective of making education universal (**article 1**), which is to be accomplished through compulsory schooling, as long as there are places available (**article 3**):

- ***Article 1****: "**Basic public education** aims to provide an elementary education (teaching and initiation in civics and ethics) to the entire school-age population, inspired by the spiritual values of orthodox Islam, as adapted to the Mauritanian physical and human setting, and, by training good citizens, enabling them to advance"*;
- ***Article 3:*** *"Subject to places being available, basic public education is compulsory"*;
- ***Article 4:*** *"Staff remuneration, and the construction, equipment and maintenance of school buildings and staff housing, are the responsibility of the State and regional authorities. School supplies and textbooks are the responsibility of the State and of students' parents under the conditions to be determined by decree".*

363. This law was broad in scope; but as there was no mechanism for enforcement or discipline, it was doomed to failure.

364. As part of its implementation of the Programme National de Développement du Secteur Éducatif (National Programme for Educational Development) (PNDSE) for the decade 2001–2010, the Mauritanian State created a new, more comprehensive system under Act No. 2001–054 on compulsory basic education.

365. Under this law, compulsory education is now enforced by penalties for failure to comply (**articles 10** and **11**); the law defines the individuals responsible for the child (**article 2**), and stipulates that the administrative, local and school authorities must ensure that all children living in areas where there are no educational establishments are to be enrolled in the nearest schools (**article 3**):

- ***Article 2****: The law defines those who are responsible for a child as the father, the mother, the legal guardian or any physical person or legal entity with legal responsibility for the child*;
- ***Article 3****: Children living in areas not provided with educational structures are to be enrolled in the nearest schools by the administrative, local and school authorities*;
- ***Article 10****: Provision is made for a fine of between 10,000 and 30,000 ouguiyas for a person responsible for a child who:*
    - Without valid grounds, has refused to enrol a child for whom he is responsible
    - Without valid grounds, has taken him out of school for more than two weeks during term time
    - Has caused, by his influence or his actions, a temporary or definitive interruption in the child's schooling
    - In the case of repeated offences, the person shall be punished by a fine of from 50,000 to 100,000 ouguiyas
- ***Article 11****: If the offender is receiving family benefits, the benefits shall be suspended. The suspension shall be lifted only upon presentation of proof of enrolment issued by the headmaster (headmistress) or by the individual in charge of the institution.*

Difficulties

366. Difficulties arise from the lack of enabling legislation on compulsory education and from shortfalls in educational services and continuity. In the absence of regulations governing the number of permissible absences (article 5 *in fine*) and organizing the system for enforcing compulsory education (article 9), it is difficult to enforce Act No. **2001–054**; "even in those settings where there are schools, sometimes the majority of the school-age population does not enrol. In the 2004/05 school year, for example, more than 122,000 children of school age stayed out of school".[30] The mobilization of human, material and financial resources has helped considerably to increase enrolment and primary school attendance rates.

367. Another problem is the low rate of completion of the school cycle. Despite the creation of a mechanism for automatically promoting students from the first *année fondamentale* (year of primary school) (AF) to the fourth, and despite having limited the number of years that can be repeated to two, the completion rate remains below the average: one child in two does not complete a given cycle.

368. Overall, the number of primary school students increased by 3.8 per cent between 2005/06 and 2006/07, from 465,970 in 2005/06 to 483,815 in 2006/07, including 45,010 in

[30] Case study on the continuity between the second cycle of secondary education and higher education, conducted by Mr. SOUMARE Oumar (Dir. Ens. Sec.) and Mr. THIAM Djiby (expert en education) on behalf of ADAE for the 2008 biennial on education in Africa.

private schools (in 2005/06, private schools received 34,547 students, or an increase of 30 per cent). The number of schools rose from 3,737 in 2005/06 to 3,752 in 2006/07, including 231 private schools (vs. 180 in 2005/06). In 2006/07 there were 11,378 teachers, including 2,073 in private schools. In 2005/06, there were 11,252 teachers, 1,514 of them working in private schools. Classes were conducted in 11,320 classrooms in 2006/07, as opposed to 10,713 in 2005/06. There were 12,862 classes or divisions in 2006/07, compared to 12,595 in 2005/06.

369. By 2010, primary schools are expected to have a gross enrolment rate (GER) of 100 per cent and a retention rate of 70 per cent for those attending school.

Secondary education

Lower secondary education

370. Access to secondary education is free, subject to having sat and passed the entrance exam for the first cycle of secondary education and to having received a primary school certificate (Decree No. 492/MEN of 05/05/2004). The free nature of secondary education is still governed by article 3 of Act No. **69–269** of 1 August 1969 on the reorganization of secondary education:

> ***Article 3**: "Secondary education is free. Parents are responsible for their children's textbooks and school supplies under the terms to be established by decree. However, they shall be provided free to scholarship students."*

371. The number of secondary school students has progressed continuously over the years thanks to the implementation of this provision. It increased by 5.3 per cent between 2005/06 and 2006/07, from 94,317 students to 102,284, including 20,136 in private schools (in 2005/06, there were 16,506 students in private schools). In 2006/07, there were 46,061 students in the first cycle of public secondary education and 36,087 in the second cycle. A GER of 40 per cent in secondary education is expected by 2010.

372. The number of secondary schools rose from 239 in 2005/06 to 276 in 2006/07, including 181 public schools and 95 private schools (in 2005/06, there were 82 private secondary schools). The teaching faculty in secondary schools increased from 3,589 professors in 2005/06 (including 3,105 in public institutions and 484 in private schools) to 4,064 in 2006/07, including 2,932 in public institutions (173 fewer than in 2005/06) and 1,132 in private schools.

Technical and vocational training

373. Under **article 4** of Act No. **98–007** of 20/01/98 on FTP, "technical and vocational training is the responsibility of the State. The State guarantees equal access for all to vocational training. Special arrangements shall be made for disabled persons".

374. Admission to technical and vocational training is by means of competitive exams.

375. Under article 18 of Decree No. 89–097 of 14 March 1989 on the reorganization of technical training, "Admission to technical training institutions is based on competitive exams, selection tests or coaching, as per the conditions defined by decree (…)".

376. Like lower secondary education, technical and vocational training is provided by both public and private institutions.

377. At present, there are 17 public FTP institutions, including four FTP high schools (LFTP), 10 centres for basic and advanced vocational training (CFPP) and three *mahadra* (traditional school) vocational training centres (CFPM). For the training year 2006/07, there were 3,160 FTP students, including 2,165 students in LFTP, 713 in CFPP and 282 in

CFPM. Some 1,146 individuals received the various FTP diplomas in 2007 (BTS, BAC/TMGM, BT, BEP, CAP), including 635 LFTP graduates and 511 CFPP graduates.

Higher education

378. Under **article 1 of Act No. 70–243** of 25/07/70 on higher education:

"The mission of higher education is to:

- Maintain, develop and disseminate Mauritanian culture, inspired by the spiritual values of Islam;
- Train senior managers and ensure their continuing education through the continuous adaptation of education to scientific and technical progress and to changes in society;
- Promote the development of scientific research".

379. Subject to completion of the baccalaureate or equivalent diploma, access to higher education requires the payment of enrolment fees.

380. A case study has shown that "The number of students enrolled in higher education increased overwhelmingly between 1990 and 2001. Over that period it rose from less than 5,000 to more than 10,000, while the number of places available (for 5,000 students) did not change. Despite this, over the past 15 years higher education took in more than 70 per cent of baccalaureate holders and trained more than 12,000 diploma holders".[31]

381. In 2006/07, there were 16,311 students, including 13,309 in national institutions (11,717 at the University of Nouakchott and 1,705 at the Higher Institute for Islamic Studies and Research) and 2,889 scholarship students abroad, in 24 countries. There were 1,144 university graduates in 2007, only 183 of whom graduated from the Technical Sciences Faculty.

382. According to the above-mentioned study, "National institutions for higher education currently offer 22 specialties. These specialties are open to baccalaureate holders (from the second secondary cycle) who have completed one of the three main options or streams: letters, sciences and mathematics".

383. The study contends that "the greatest problem at this level is the very limited number of choices available in the second secondary cycle (three streams) for pursuing some 22 specialties or even more, since higher education does not meet all the needs of the market".

384. However, there is another problem: "The second problem concerns the logic used to divide up baccalaureate holders among the various specialties of higher education. In choosing one's specialty, the candidate's initial profile (secondary stream) is not always decisive. The method currently used at the University of Nouakchott is to select new entrants from the Technical Sciences Faculty on the basis of specific criteria and to assign the rest of the candidates to the other specialties, usually without considering their profile".[32]

[31] Case study on the continuity between the second cycle of secondary education and higher education, conducted by Mr. SOUMARE Oumar (Dir. Ens. Sec.) and Mr. THIAM Djiby (expert en education) on behalf of ADAE for the 2008 biennial on education in Africa.

[32] *Ibid.*

Literacy

385. Up to eight months ago, literacy was the responsibility of the Ministry for Combating Literacy, for Ensuring an Islamic Orientation and for Traditional Teaching.

386. Since then, a central directorate of the Ministry of National Education (MEN) has taken over this responsibility.

387. The Directorate for Literacy and Informal Education is now in charge of all matters to do with literacy, including the design and implementation of informal education programmes for children who are not enrolled in school or have stopped attending.

388. In order to combat illiteracy effectively at all levels, the Mauritanian State has for several years undertaken a series of measures for:

- Social mobilization and awareness-raising on the damaging effects of illiteracy;
- Diversification and sustainability of literacy campaigns;
- Production of course materials;
- Training literacy trainers;
- Opening permanent literacy centres;
- Creating functional literacy centres.

389. The following other measures have helped make the literacy policy a success:

- Production and dissemination of radio and television broadcasts during prime time;
- Poster and sticker campaigns;
- Production and display of billboards in the country's main centres;
- Information and awareness-raising meetings on the usefulness and importance of education.

390. As part of the National Strategy for the Elimination of Illiteracy (February 2006), the Mauritanian State has set the following objectives:

- Teaching the illiterate population aged 14 and over to read, write and do arithmetic;
- Executing education policies that can increase the retention rate, capacity and quality of primary education in order to prevent children aged 6 to 14 from falling back into illiteracy and thereby increasing the potential numbers of illiterates;
- Consolidating this initial literacy programme through nine-month-long post-literacy programmes and basic vocational training geared towards income-generating activities (IGA).

391. The basic literacy programme has three objectives:

- Attracting illiterates to join literacy programmes and ensuring their regular attendance;
- Reinforcing initial literacy skills through post-literacy programmes;
- Breaking the vicious poverty circle by engaging in IGA and reinvesting in the achievements of literacy programmes.

392. The programme is also intended to develop the use of writing for self-study, communication and improvement of productive capacities and living conditions, with a view to creating a literate, well-educated and technologically aware society. Genuinely

sustainable improvement of the living conditions of the population as a whole must involve raising its intellectual level.

Implementation of the right to education for all

393. Major progress has been made on the right to education and on the numbers of children attending school and of newly literate adults (cf. statistics).

394. The main problems of Mauritanian schools are low rates of retention and knowledge acquisition.

395. Retention rates, including at the primary level, remain low (and are even declining), as an average 50 per cent of students who reach the first AF complete the primary cycle (vs. 65 per cent in 1990).

396. Keeping students in the system until the end of the primary cycle will be a major challenge for the system in the years to come, since children who leave school before the end of the cycle may become illiterate adults. According to the 2004 EPCV, less than 50 per cent of those who leave school before completing the third year of primary school become illiterate adults. This proportion reaches 87 per cent in the sixth AF and 99 per cent at the end of the first secondary cycle. A large majority of adults who complete primary school thus learn to read well, but truly sustainable literacy depends on the completion of *collège*-level education.

397. A rather positive fact has come to light in this regard, which is that low retention rates in the educational system have been found to be due more to the availability of schools than to demand.

398. Based on an analysis of available data, 18.3 per cent of students in the first AF in 2003 attended a school that did not offer classes at a higher level. The 2004 EPCV highlights the major impact of the proximity of school on the retention rate. The probability of completing the primary cycle for children who live less than 45 minutes from their school is 66.3 per cent. This falls to 51.1 per cent for children who live more than 45 minutes away. The survey also showed that the main reason for dropping out for 37.5 per cent of the children who leave school before completing the primary cycle has to do with the availability of schools: 17 per cent drop out because there are no schools available, and 20.5 per cent because the available schools are unsuitable. With respect to demand, the survey shows that the child's socio-economic profile has a significant impact on his chances of completing the primary cycle. If his household is part of the poorest 40 per cent of the population, his chances of completing the cycle are an average 49.3 per cent. This rises to 76.1 per cent if the household is part of the richest 20 per cent.

399. The most recent evaluations show that Mauritanian students' knowledge retention in both primary and secondary education is quite low. The average such rates are between 33 per cent and 50 per cent at the primary level and about 40 per cent in sciences and mathematics at the secondary level.

400. The findings of studies undertaken in conjunction with the reform point to a worrisome trend. In 2003, less than a third of the curriculum content was actually retained by students in the fifth primary year. The findings are especially alarming for subjects taught in French. The average passing grades for mathematics exams that were already very low in 1999 (about 26 per cent) were only 11 per cent in 2003.

401. The analysis also shows that while the 1999 rates for primary education varied considerably around the national average, by 2003 there was little variation based on the school attended, which reflects some homogeneity in a general trend towards poor coverage.

402. International comparisons confirm the poor level of subject matter retention. Mauritania had the lowest results for mathematics and French in the second and fifth AF of all countries surveyed to date by the CONFEMEN Programme on the Analysis of Education Systems (PASEC). In the second year the gap with other countries was considerable: Mauritania ranked nine points behind the average for the country ahead of it (Chad).

403. With regard to the analysis of the principal determinants of the quality of education, a reduction in the repeat rate has a positive impact on students' subject matter retention. The quality of the teaching does not suffer when several classes are combined into one. The baccalaureate appears to be the most appropriate diploma for recruiting teachers. In addition to being the most effective teachers in pedagogical terms, baccalaureate holders also appear to have the lowest number of absences.[33]

Statistical data[34]

Access indicators

Primary education

404. The main indicators used to monitor performance in terms of access to primary education are as follows: 1) the GER; 2) the gross admission rate (GAR); 3) the percentage of girls in primary school; 4) the retention rate; and 5) the percentage of all-age schools.

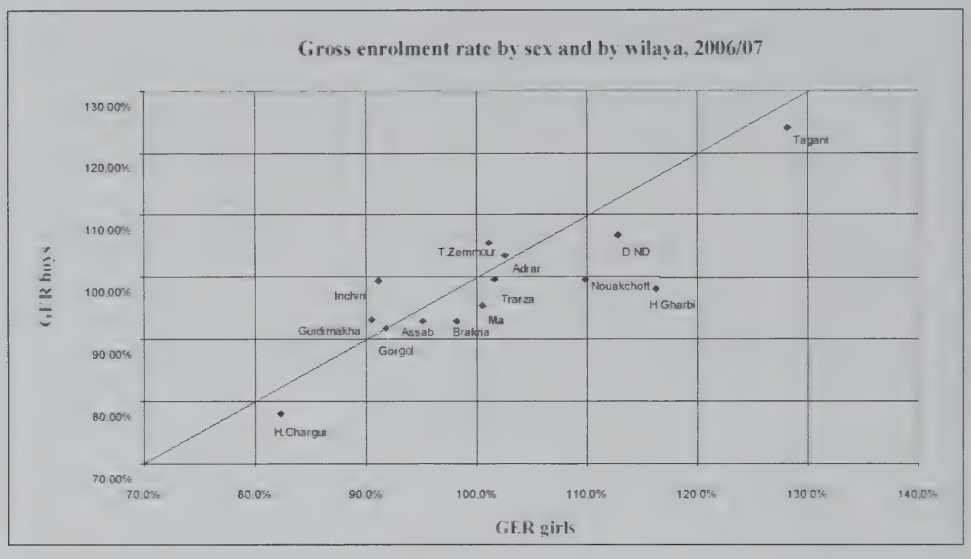
The gross enrolment rate

405. After declining slightly between 2003/04 and 2004/05 (from 96 per cent to 95.1 per cent), the GER at the national level increased for the second consecutive year in 2006/0-, to 97.9 per cent; this exceeded the PNDSE 2010 target of 95 per cent.

406. The analysis of this rate points to relatively considerable disparities. The standard deviation of the GER by *wilaya* was 11.07 per cent in 2006/07, or 1.8 points lower than in 2005/06. The highest GER was recorded in Tagant (126.1 per cent), and the lowest in Hodh Charghi (80.1 per cent). In 2006/07, 9 of the country's 13 *wilayas* recorded GERs above the PNDSE 2010 target of 95 per cent. The *wilayas* that did not meet the target were Hodh Charghi, Assaba, Gorgol and Guidimagha.

[33] Case study on the continuity between the second cycle of secondary education and higher education, conducted by Mr. SOUMARE Oumar (Dir. Ens. Sec.) and Mr. THIAM Djiby (expert en education) on behalf of ADAE for the 2008 biennial on education in Africa.

[34] The statistical data are drawn in their entirety from the draft report on implementation of the 2007 action plan under the National Programme for Educational Development (PNDSE 2001-2010).



Source: Directorate for Strategies, Statistics and Planning

407. Analysed by gender, the female GER in 2006/07 exceeded the male GER (95.4 per cent for boys, vs. 100.5 per cent for girls). This higher rate for girls was recorded in most of the *wilayas*. Girls are still behind boys in the *wilayas* of Inchiri, Tiris Zemour, Adrar and Guidimagha.

Table 1
Gross enrolment rate by *wilaya* and by sex, 2004/05 to 2006/07

	2004/05			*2005/06*			*2006/07*		
Wilaya/Year/Sex	B	G	T	B	G	T	B	G	T
Hodh Charghi	83.6	89.3	86.3	85.1	88.5	86.7	78.0	82.3	80.1
Hodh El Gharbi	89.9	112.6	101.0	100.7	120.1	110.2	98.0	116.2	106.9
Assaba	94.1	95.6	94.8	94.9	97.7	96.2	92.9	95.1	94.0
Gorgol	83.1	82.2	82.7	87.3	86.1	86.7	91.8	91.8	91.8
Brakna	83.8	89.7	86.7	87.3	91.4	89.3	92.9	98.2	95.5
Trarza	93.1	95.9	94.5	106.0	107.1	106.5	99.6	101.6	100.6
Adrar	110.8	109.7	110.3	120.3	115.4	117.9	103.5	102.6	103.0
Nouadhibou	118.6	127.8	123.0	112.5	115.4	113.9	106.7	112.8	109.6
Tagant	116.0	118.0	117.0	115.5	119.9	117.7	124.0	128.2	126.1
Guidimakha	83.0	82.9	83.0	84.5	82.9	83.7	93.1	90.5	91.8
Tiris Zemmour	108.0	104.9	106.5	105.0	100.1	102.6	105.5	101.1	103.3
Inchiri	101.0	96.2	98.6	109.7	103.0	106.3	99.4	91.1	95.2
Nouakchott	100.1	109.0	104.5	94.3	103.8	98.9	99.6	109.8	104.5
Total	**92.3**	**98.0**	**95.1**	**94.6**	**99.2**	**96.9**	**95.4**	**100.5**	**97.9**
Minimum	78.5	76.4	77.5	83.0	82.2	82.7	78.0	82.3	80.1
Maximum	127.0	126.6	125.9	118.6	127.8	123.0	124.0	128.2	126.1
Standard deviation	16.3	15.2	15.3	12.9	13.9	12.9	10.6	12.5	11.1

Participation rate of girls

408. Following a slight decline between 2004/05 and 2005/06, the participation rate (per cent) of girls at the national level again rose between 2005/06 and 2006/07, reaching the 50-per-cent threshold of the PNDSE 2010 target. However, this convergence towards parity masks some regional disparities.

Table 2
Participation rate of girls by *wilaya*, 2004/05 to 2006/07

Wilaya Year	*2004/05*	*2005/06*	*2006/07*
Hodh Charghi	49.6	49.3	49.8
Hodh El Gharbi	54.4	53.4	53.3
Assaba	48.7	49.4	49.4
Gorgol	48.9	49.1	49.4
Brakna	50.3	50	50.3
Trarza	49.2	49	49.4
Adrar	48.6	47.8	48.7
Nouadhibou	50.2	48.6	49.2
Tagant	49.6	50.3	50.2
Guidimakha	47.7	47.6	47.5
Tiris Zemmour	48.2	48.3	48.3
Inchiri	50.1	49.2	48.4
Nouakchott	50.6	50.6	50.5
Total	**49.9**	**49.8**	**50**
Minimum	47.7	47.6	47.5
Maximum	54.4	53.4	53.3
Standard deviation	1.7	1.5	1.4

409. Two main patterns emerge from measuring the regional deviations from the national average and the PNDSE target.

410. Nouakchott, Tagant, Hodh El Gharbi and Brakna have participation rates for girls that are above the national average. With the exception of Brakna, the other three *wilayas* registered a 0.1 point drop in this figure between 2005/06 and 2006/07 (convergence towards the 50-per-cent threshold).

411. A second group, composed of Guidimakha, Adrar, Tiris Zemour, Nouadhibou, Trarza, Gorgol, Hodh El Charghi, Inchiri and Assaba, recorded a participation rate for girls below the national average in 2005/06. The rate increased in the other *wilayas*, with the exception of Inchiri and Guidimakha. The rate for Guidimigha declined slightly for the second consecutive year.

The rate of access in the first year of primary school (Gross admission rate)

412. The rate of access in the first AF (GAR) increased slightly, from 119.4 per cent in 2005/06 to 119.7 per cent in 2006/07, exceeding the PNDSE's target threshold for 2010 of 100 per cent. The improvement in the GAR over three consecutive years, and its maintenance above 100 per cent, may result from the fact that significant proportions of new entrants in the first AF are older or younger than 6 years of age (the normal age). This

may also be due, at least in part, to the problems posed by the demographic data used to calculate this indicator.

413. The analysis of the regional GAR shows that all the *wilayas* had rates above 100 per cent. In 2006/07 they varied from 122.3 per cent in Nouakchott to 200.5 per cent in Tagant. The standard deviation of the indicator fell by 5.35 points between 2005/06 and 2006/07 (25.6 vs. 20.25), which suggests other significant disparities. Two main groups can be distinguished by comparing the *wilayas*' GAR with the national average.

Table 3
Gross admission rate by *wilaya* and by sex, 2004/05 to 2006/07

	2004/05			*2005/06*			*2006/07*		
Wilaya/Year/Sex	B	G	T	B	G	T	B	G	T
Hodh Charghi	131.3	137.9	**134.5**	128.3	128.7	**128.5**	121.6	131.9	**126.5**
Hodh El Gharbi	129.5	152.7	**140.9**	155.5	172.5	**163.9**	114.6	137.3	**125.6**
Assaba	122	127.4	**124.6**	151.3	157.7	**154.4**	137.5	139.6	**138.5**
Gorgol	125	125.6	**125.3**	119.9	118.6	**119.2**	126	127.2	**126.6**
Brakna	99	104.7	**101.7**	115.7	114.5	**115.1**	128.3	134.8	**131.5**
Trarza	109.5	110.9	**110.2**	120	122.5	**121.3**	131.2	134.4	**132.8**
Adrar	136.6	126.7	**131.7**	135	123.7	**129.5**	135.9	125.3	**130.7**
Nouadhibou	107.5	113.3	**110.3**	94.8	97.8	**96.3**	122.8	136.5	**124.6**
Tagant	144.3	143.8	**144.1**	163.3	169.7	**166.4**	203.4	197.6	**200.5**
Guidimakha	114.1	123.9	**118.8**	112.9	116.7	**114.7**	121.8	132.7	**127**
Tiris Zemmour	106.5	93.1	**99.8**	101.9	91.6	**96.7**	131.7	134.9	**133.2**
Inchiri	105.6	64	**84.3**	122.5	116.3	**119.4**	157.6	122.2	**139.3**
Nouakchott	88.7	93.7	**91.1**	79.1	85.1	**82**	117.9	127.1	**122.3**
Total	**113.1**	**118.7**	**115.9**	**117.5**	**121.3**	**119.4**	**117.2**	**122.3**	**119.7**
Minimum	88.7	64	**84.3**	79.1	85.1	**82**	114.6	122.2	**122.3**
Maximum	144.3	152.7	**144.1**	163.3	172.5	**166.4**	203.4	197.6	**200.5**
Standard deviation	16.1	23.9	**19**	24.1	27.5	**25.6**	23.4	18.9	**20.3**

414. Disaggregated by gender, the female GAR in 2005/06 was 5.1 points higher than the male rate (122.3 per cent vs. 117.2 per cent). This higher rate for girls is recorded in 10 of the 13 *wilayas*. In terms of GAR, girls are still behind boys in Adrar, Inchiri and Tagant. This was not the case for Tagant in the past year (2005/06).

Percentage of all-age schools[35]

415. In 2006/07, all-age schools (public schools) represented 20.8 per cent (733 schools) of the total (3,521), which confirms the relatively slow rate of improvement observed in recent years and which is significantly below the PNDSE target of 45 per cent. Despite this improvement, which was probably the result of efforts deployed over the past 3 years to build classrooms and introduce the multigrade system, it will be difficult to reach the PNDSE goal for 2010.

[35] Public schools.

416. Nonetheless, the fact that this is the case at the national level should not mask the situation at the regional level. The proportion of all-age schools by *wilaya* varies from 7.3 per cent in Hodh El Gharbi to 97.5 per cent in Nouakchott, representing a standard deviation of 30.4 points (vs. 28.7 points in 2005/06).

417. Two main profiles emerge from the analysis of this proportion by *wilaya*:

- *Wilayas* where the percentage of all-age schools is above the national average: Nouakchott (97.5 per cent), Tiris Zemour (81.8 per cent), D. Nouadhibou (78.4 per cent), Inchiri (29.2 per cent), Traraza (28.5 per cent), Adrar (27.8 per cent) and Brakna (26.7 per cent). The percentage increased between 2005/06 and 2006/07 in all the *wilayas* except Inchiri. Nouakchott, Tiris Zemour and D. Nouadhibou have already exceeded the PNDSE target;
- *Wilayas* where the percentage of all-age schools is below the national average: Guidimakha (19.2 per cent), Gorgol (18.7 per cent), Tagant (14.7 per cent), Assaba (12.3 per cent), Hodh El Charghi (7.5 per cent) and Hodh El Gharbi (7.3 per cent). Assaba and Gorgol registered a slight decline between 2005/06 and 2006/07. For the remaining *wilayas*, the most significant change was in Guidimakha (2.19 points). All the *wilayas* in this group had rates below the PNDSE target.

418. The following table shows these changes over the years by *wilaya*.

Table 4
Percentage of all-age schools by *wilaya*, 2004/05 to 2006/07

Wilayas	*2004/05*	*2005/06*	*2006/07*
Hodh Charghi	6.8	7.3	7.5
Hodh El Gharbi	7.2	7.1	7.3
Assaba	11.9	13	12.3
Gorgol	16.9	18.8	18.7
Brakna	22.1	23	26.7
Trarza	22.4	24.2	28.5
Adrar	22.3	25.7	27.8
Nouadhibou	79.4	76.3	78.4
Tagant	13.6	14.1	14.7
Guidimakha	17.9	17.1	19.2
Tiris Zemmour	90.5	78.3	81.8
Inchiri	50	39.1	29.2
Nouakchott	89.9	96	97.5
Total	**18.7**	**19.5**	**20.8**

Retention rate

419. The retention rate, calculated on the basis of the longitudinal method,[36] was estimated in 2007 at 49.3 per cent, or 2.9 points higher than in 2006. In gender terms, the

[36] The pseudo-longitudinal method results in a higher rate (76 per cent) because of the steep decline in the repeat rate between 2006 and 2007, which resulted in an exceptional increase in the promotion rate. The rate that was calculated on the basis of this method does not reflect the real situation of the retention system, which is why the longitudinal method was used.

rate for girls in 2007 slightly exceeded that for boys (49.6 per cent vs. 49.1 per cent). The 2010 target is 78 per cent.

420. Two main groups emerge from the analysis by *wilaya*:

- The first group is composed of *wilayas* with retention rates above the national average: Trarza, Adrar, Nouadhibou, Tagant, Tiris and Nouakchott. Nouakchott reported a rate above the 78-per-cent PNDSE target. Trarza and Adrar had lower rates than in 2006, while the three other *wilayas* had higher rates;
- The second group is composed of *wilayas* that are below the national average: the two Hodhs, Assaba, Gorgol, Brakna, Guidimakha and Inchiri. The rates for the two Hodhs and Inchiri declined between 2006 and 2007.

421. The following table shows how this rate has changed over the years.

Table 5
Retention rate by *wilaya*, 2005/06 to 2006/07

	2006	*2007*		
Wilayas	T	B	G	T
Hodh Charghi	22.9	19.9	21.3	20.6
Hodh Gharbi	55.9	40.2	40.6	40.4
Assaba	29.8	33.3	30.4	31.9
Gorgol	29.9	40.3	38.4	39.4
Brakna	43	42.3	51	46.4
Trarza	58.8	54.4	57.8	56
Adrar	62.2	47.9	52.5	50.1
Dakhlett ndb	71.5	68.2	78.2	72.8
Tagant	40.1	62.1	58.1	60.1
Guidimagha	31.4	55.8	35.9	45.8
Tiris-Zemmour	53.8	74.4	72.7	73.6
Inchiri	73.9	53.3	45.6	49.2
Nouakchott	85.2	98.9	100.2	99.6
National	**46.5**	**49.1**	**49.6**	**49.3**

422. For calculating the retention rate, a method was developed during the preparation of the most recent State report on the national educational system that corrects for some of the anomalies observed in the data for given years. This method made it possible to estimate the retention rate in 2005 at 53.8 per cent. Applying this method to the 2007 data results in a retention rate of 61 per cent.

423. Given the divergences between the methods of calculation, and in light of the importance of this indicator, during the year 2007/08 data-gathering will be needed on a larger scale in order to come up with a baseline for retention.

Secondary education

424. Three indicators have been used to follow changes in secondary education in terms of access and equity. These are the number of new entrants in the first year of secondary school (AS), the transition rate in the first AS, and the percentage of girls in the first secondary cycle.

Number of new entrants in the first year of secondary school

425. After falling for two consecutive years, the number of new entrants in the first AS increased significantly between 2005/06 and 2006/07, from 18,301 to 21,488. The increase brings the number closer to the PNDSE target of 25,000.

426. Nouakchott had a sizeable share among all the *wilayas* of the new entrants in the first AS (36.6 per cent in 2005/2006 vs. 39 per cent in 2006/07), while the two Hodhs and Assaba had the lowest share, despite their demographic weight (19.2 per cent of new entrants in 2005/06 vs. 19.6 per cent in 2006/07). These three *wilayas* accounted for about 28 per cent of the primary school numbers, while Nouakchott accounted for less than 23 per cent. The low retention rate in primary schools, and the fact that there are not enough secondary schools to meet the dispersed demand, could account for the low number of new entrants in the two Hodhs and Assaba.

427. The number of new entrants in the first AS declined between 2005/06 and 2006/07 in Gorgol, Adrar, Nouadhibou and Tiris Zemour. The number increased in the other *wilayas* to differing degrees. The most significant increases were in Nouakchott (+1,469) and Trarza (+864).

428. The following table shows how the number of new entrants has evolved over the years.

Table 6
Number of new entrants in the first year of secondary school by *wilaya*, 2005/06 to 2006/07

A/W	*H. Chargui*	*H. Gharbi*	*Assaba*	*Gorgol*	*Brakna*	*Trarza*	*Adrar*	*NDB*	*Tagant*	*Guidim.*	*T. Zemour.*	*Inchiri*	*NKTT*	*National*
2004–05	881	1015	1570	997	1254	1598	716	1026	548	899	713	113	7225	**18555**
2005–06	791	1226	1505	1321	1344	1662	575	1114	527	766	691	84	6695	**18301**
2006–07	1111	1472	1627	1112	1590	2526	534	1079	675	878	576	144	8164	**21488**
Variation	*320*	*246*	*122*	*-209*	*246*	*864*	*-41*	*-35*	*148*	*112*	*-115*	*60*	*1469*	***3187***

Transition rate in the first year of secondary school

429. The transition rate in the first year of secondary school has continued to decline for the fourth consecutive year. Between 2005/06 and 2006/07, it dropped from 56.8 per cent to 49.3 per cent. The PNDSE target is 50 per cent.

430. The analysis by gender shows that the transition rate for girls in the first AS is lower than that for boys: 45.2 per cent vs. 53.2 per cent in 2006/07. Compared to the previous year, the rate is lower for both sexes and the gender gap is greater (5.8 points in 2005/06 vs. 8.1 points in 2006/07).

431. The following table shows how the transition rate has changed over the years.

Table 7
Transition rate in the first year of secondary school by *wilaya*, 2005/06 to 2006/07

Wilayas	*2004/05*	*2005/06*	*2005/06*
Hodh Charghi	34.80%	36.30%	42.37%
Hodh El Gharbi	54.70%	47.90%	41.48%
Assaba	58.40%	55.90%	41.70%
Gorgol	48.60%	61.00%	29.34%
Brakna	44.50%	40.10%	38.07%

Wilayas	*2004/05*	*2005/06*	*2005/06*
Trarza	46.40%	45.10%	55.33%
Adrar	57.50%	59.00%	40.92%
Nouadhibou	88.30%	79.50%	70.16%
Tagant	52.00%	46.90%	38.37%
Guidimakha	55.40%	39.80%	32.17%
Tiris Zemmour	112.50%	105.70%	63.23%
Inchiri	77.90%	48.60%	91.72%
Nouakchott	79.20%	71.90%	64.74%
National	**61.10%**	**56.80%**	**49.27%**

432. Divergent profiles emerge from the analysis of the regional structure for this indicator in 2006/07 and from its evolution since 2004/05. The highest rate was recorded in Inchiri (91.7 per cent), and the lowest in Gorgol (29.34 per cent). The transition rate in 2005/06 in Gorgol was around 61 per cent, which means that it dropped significantly in 2006/07.

433. In addition to Inchiri, Nouadhibou (70.2 per cent), Nouakchott (64.7 per cent), Tiris-Zemour (63.7 per cent) and Trarza (55.3 per cent) had transition rates for this indicator that were above both the national average and the PNDSE target. Of the country's 13 *wilayas*, between 2005/06 and 2006/07 three of them had rates above the national average and the PNDSE target: Hodh Charghi, Trarza and Inchiri.

Percentage of girls in the first cycle (participation rate of girls)

434. The participation rate of girls continued to fall for the second consecutive year. It dropped from 45.8 per cent in 2005/06 to 44.5 per cent in 2006/07, moving farther away from the PNDSE target of 50 per cent.

435. In terms of regional disparities, the highest participation rate was recorded (in 2006/07) in Hodh El Gharbi (54.4 per cent) and the lowest in Guidimakha (21 per cent). The intraregional standard deviation was about 9 points in 2006/07 (as opposed to 6 points in 2005/06).

436. The two Hodhs, Brakna, Trarza, Noudhibou and Nouakchott had rates above the national average. Among the *wilayas* in this group, the rates for Brakna and Noudhibour increased between 2005/06 and 2006/07. As to the *wilayas* with participation rates below the national average, only Gorgol increased its rate between 2005/06 and 2006/07.

437. The following table shows how the percentage of girls attending school in the first secondary cycle has evolved over the years.

Table 8
Percentage of girls in the first secondary cycle by *wilaya*, 2005/06 to 2006/07

Wilayas	*2004/05*	*2005/06*	*2005/06*
Hodh Charghi	45.40%	47.10%	44.76%
Hodh El Gharbi	55.30%	54.60%	54.36%
Assaba	45.00%	46.80%	43.12%
Gorgol	41.00%	42.50%	44.06%
Brakna	42.90%	44.30%	44.90%
Trarza	47.20%	47.40%	44.86%

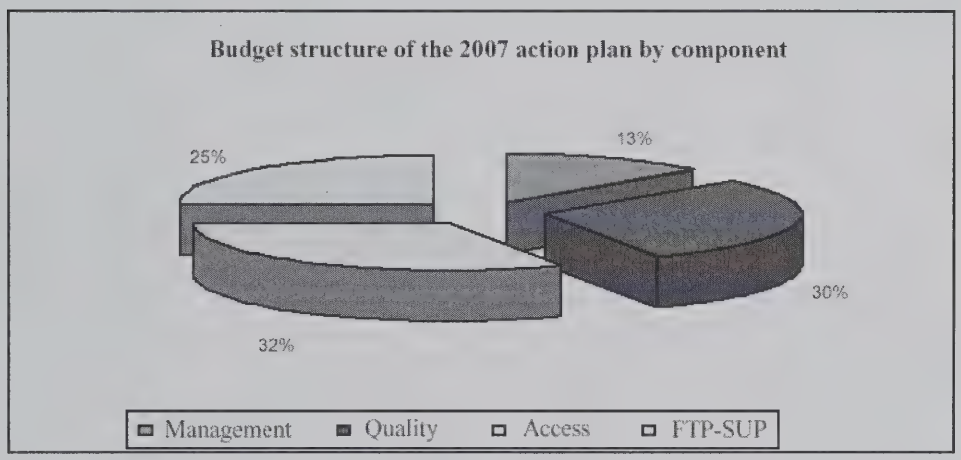
Wilayas	*2004/05*	*2005/06*	*2005/06*
Adrar	49.50%	45.40%	24.80%
Nouadhibou	47.80%	46.60%	48.78%
Tagant	44.20%	43.90%	40.79%
Guidimakha	28.80%	26.20%	20.98%
Tiris Zemmour	44.60%	43.80%	42.40%
Inchiri	48.20%	52.40%	41.39%
Nouakchott	48.80%	46.70%	46.33%

Means and achievements of education for all

Summary of the budget for the 2007 action plan

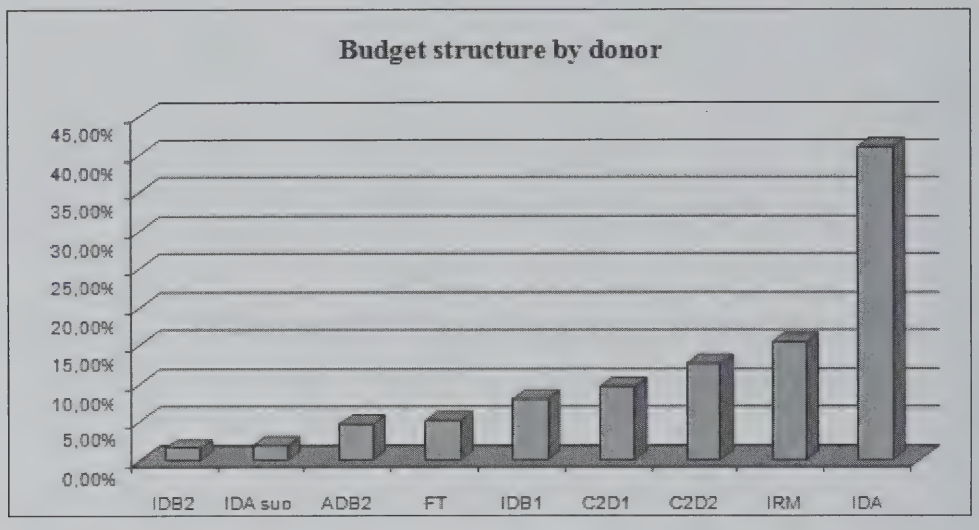
438. The total budget for the 2007 action plan is **13,639,110,994 UM.**[37] It is divided among the following components:

"Management"	1,794,361,320 UM, or **13 per cent**
"Quality"	4,054,835,704 UM, or **30 per cent**
"Access"	4,354,237,076 UM, or **32 per cent**
"FTP/ENSUP"	3,435,676,893 UM, or **25 per cent**



439. This budget is financed by seven donors through 11 funding sources: the Mauritanian Government, the International Development Association (IDA) (IDA-3573 and IDA-3570), the Agence française de développement (AfD) (C2D1 and C2D2), the Inter-American Development Bank (IDB) (BID1 and BID2), the African Development Bank (AfDB) and the Fast-Track. The following chart shows the budgetary structure of the 2007 action plan by funding source.

[37] This amount differs by 515,942,277 UM from what was approved at the review in December 2006 (13,123,168,716 UM). The difference is explained by the implementation, as part of the sector's reorganization, of activities that had not been included in the original version of the 2007 action plan. By way of example, one may cite the organization of the test-census of teachers, the purchase of schoolbags and supplies for students and teachers, and the purchase of tables and benches.



Overall state of execution by component

440. Commitments as at 01/10/2007 were **11,200,572,218 UM**, or **82.1 per cent** of the projected budget. Disbursements totalled **6,543,249,472 UM**, or **58.4 per cent** of commitments and **48 per cent** of the total budget. These execution rates are higher than those for the 2006 action plan. The commitment rate for the past year was 75 per cent, and the disbursement rate 46 per cent. The following table shows the overall state of financial execution by component and subcomponent.

Component	*Subcomponent*	*Amount*			*Rate*		
		Budget	*Commitments*	*Disbursements*	*Commitment*	*Disburs. (Tot. budget)*	*Disburs. (Commit. budget)*
Management	Implementation of a monitoring system	323 106 529	237 182 585	105 366 805	73.4%	32.6%	44.4%
	Improved human resource management	37 330 422	19 516 422	5 717 401	52.3%	15.3%	29.3%
	Results-based educational management	112 486 941	50 454 659	15 126 835	44.9%	13.4%	30.0%
	Improved administrative and financial management	920 460 148	719 927 883	353 972 529	78.2%	38.5%	49.2%
	Programme coordination	400 977 280	378 570 028	303 733 782	94.4%	75.7%	80.2%
Subtotal		***1 794 361 320***	***1 405 651 577***	***783 917 352***	***78.3%***	***43.7%***	***55.8%***
Quality	Educational quality & content of primary education	2 092 986 704	1 717 786 425	729 143 556	82.1%	34.8%	42.4%
	Enhanced quality/effectiveness of secondary education	1 606 600 000	1 199 331 782	678 534 435	74.7%	42.2%	56.6%
	Early childhood development	181 600 000	44 244 400	39 149 650	24.4%	21.6%	88.5%
	Promotion of school health	173 649 000	144 218 477	88 273 661	83.1%	50.8%	61.2%
Subtotal		***4 054 835 704***	***3 105 581 084***	***1 535 101 302***	***76.6%***	***37.9%***	***49.4%***
Access	Promotion of universal access to primary education	2 616 398 784	1 796 947 296	750 624 415	68.7%	28.7%	41.8%

Component	Subcomponent	Amount			Rate		
		Budget	Commitments	Disbursements	Commitment	Disburs. (Tot. budget)	Disburs. (Commit. budget)
	Enhanced access to/equity of secondary education	1 505 771 022	1 820 500 623	1 976 353 692	120.9%	131.3%	108.6%
	Education for girls	17 894 770	16 894 771	15 384 292	94.4%	86.0%	91.1%
	Promotion of private education	35 789 900	4 691 596	4 691 596	13.1%	13.1%	100.0%
	Promotion of literacy & informal education	178 382 600	155 952 917	139 876 289	87.4%	78.4%	89.7%
Subtotal		***4 354 237 076***	***3 794 987 203***	***2 886 930 284***	***87.2%***	***66.3%***	***76.1%***
FTP/Sup	Promotion of the FTP system	1 351 802 603	432 733 785	374 449 588	32.0%	27.7%	86.5%
	Improved quality/effectiveness of ENSUP	2 083 874 290	2 461 618 570	962 850 946	118.1%	46.2%	39.1%
Subtotal		***3 435 676 893***	***2 894 352 355***	***1 337 300 534***	***84.2%***	***38.9%***	***46.2%***
Total		**13 639 110 994**	**11 200 572 218**	**6 543 249 472**	**82.1%**	**48.0%**	**58.4%**

State share of financial execution

441. The Mauritanian State contributes **2,093,928,333 UM**, or **15.3 per cent** of the total budget for the 2007 action plan, to funding the projected activities for the plan. This budget is divided among the following components:

"Management" 240,671,055 UM, or **11.5 per cent**
"Quality" 670,172,002 UM, or **32 per cent**
"Access" 567,309,383 UM, or **27 per cent**
"FTP/ENSUP" 615,775,893 UM, or **29.5 per cent**

442. Commitments as at 01/10/2007 were 1,381,926,621 UM, or 66 per cent of the projected budget. Disbursements totalled 1,076,342,630 UM, or 77.9 per cent of commitments and 51.4 per cent of the total budget. State-funded commitments represented 12.3 per cent of all commitments under the 2007 action plan, while State disbursements accounted for 16.4 per cent of all disbursements. The following table shows the state of execution of this budget by component and subcomponent.

Component/subcomponent		Amount			Rate		
	Subcomponent	Budget	Commitments	Disbursements	Commitment	Disbursement (Tot Bud)	Disbursement (Commit. budget)
Management	Implementation of a monitoring system	40 000 000	38922867	39447104	97.3%	98.6%	101.3%
	Improved human resource management	10 000 000	0	0	0.0%	0.0%	#DIV/0!
	Results-based educational management	15 000 000	0	0	0.0%	0.0%	#DIV/0!
	Improved administrative and financial management	50 433 775	53211915	48153016	105.5%	95.5%	90.5%

	Programme coordination	125 237 280	73449693	73449693	58.6%	58.6%	100.0%
Subtotal		***240 671 055***	***165584475***	***161049813***	***68.8%***	***66.9%***	***97.3%***
Quality	Educational quality & content of primary education	304 472 002	57167292	57167293	18.8%	18.8%	100.0%
	Enhanced access to/equity of secondary education	355 700 000	20145808	20145808	5.7%	5.7%	100.0%
	Promotion of school health	10 000 000	630000	630000	6.3%	6.3%	100.0%
Subtotal		***670 172 002***	***77943100***	***77943101***	***11.6%***	***11.6%***	***100.0%***
Access	Promotion of universal access to primary education	400 000 000	114209800	114209800	28.6%	28.6%	100.0%
	Enhanced access to/equity of secondary education	149 145 613	483145573	182572955	323.9%	122.4%	37.8%
	Education for girls	2 894 770	2894770	1813770	100.0%	62.7%	62.7%
	Promotion of literacy & informal education	15 269 000	1801000	1801000	11.8%	11.8%	100.0%
Subtotal		***567 309 383***	***602051143***	***300397525***	***106.1%***	***53.0%***	***49.9%***
FTP/Sup	Promotion of the FTP system	33 902 603	13902603	13902603	41.0%	41.0%	100.0%
	Enhanced quality/effectiveness of ENSUP	581 873 290	522445300	523049588	89.8%	89.9%	100.1%
Subtotal		***615 775 893***	***536347903***	***536952191***	***87.1%***	***87.2%***	***100.1%***
Total		**2 093 928 333**	**1 381 926 621**	**1 076 342 630**	**66.0%**	**51.4%**	**77.9%**

443. Two components are of particular interest. The overall situation of the corresponding commitments and disbursements is presented below.

Funding committed to the two categories of components

"Access" component

444. Commitments totalled **3,794,987,203** UM, which represents **78.3 per cent** of the budget of this component and **33.9** per cent of all commitments under the action plan. Disbursements totalled **2,886,930,284 UM**, or **55.8 per cent** of the commitments made for this component and **43.7 per cent** of its budget. The financial position is broken down by subcomponent, as follows:

(a) *"Access to primary education": For a budget of* 2,616,398,784 *UM, commitments totalled* 1,796,947,296 *UM (or 68.7 per cent of the subcomponent budget); disbursements,* 750,624,415 *UM (or 41.8 per cent of commitments and 28.7 per cent of the budget).*

(b) *"Access to secondary education": For a budget of* 1,505,771,022 *UM, commitments totalled* 1,820,500,623 *UM (or 120.9 per cent of the budget); 100 per cent of this amount was disbursed.*

(c) *"Education for girls": For an estimated budget of* 17,894,770 *UM, commitments totalled* 16,894,77*UM, or 94.4 per cent of the subcomponent budget. Disbursements totalled* 15,384,292 *UM (or 91 per cent of commitments and 86 per cent of the budget).*

(d) *"Promotion of private education": The projected budget for this subcomponent was* 35,789,900*; only 13.1 per cent of this budget was committed (*4,691,596 *UM). All commitments have been disbursed.*

(e) *"Literacy and traditional teaching": For a budget of 178,382,600 UM, commitments for this subcomponent totalled 155,952,917 UM (or 87.4 per cent of the budget. Disbursements totalled 139,876,289 UM (or 89.7 per cent of commitments and 78.4 per cent of the budget).*

"FTP/ENSUP" component

445. Commitments totalled **2,894,352,355** UM, or **84.2 per cent** of the budget for this component and **25.8 per cent** of all commitments under the action plan. Disbursements totalled **1,337,300,534 UM**, or **46.2 per cent** of all commitments and **38.9 per cent** of the budget. The financial position is broken down by subcomponent, as follows:

- "Technical and vocational training (FTP)": For a budget of 1,351,802,603 UM, commitments totalled 432,733,785 UM (or 32 per cent of the subcomponent budget); 86.5 per cent of commitments were disbursed, or 27.7 per cent of the projected budget;
- "Higher education (ENSUP)": The initial budget for this subcomponent was 2,083,874,290 UM. Commitments totalled 2,461,618,570 UM, or 118 per cent of the initial budget (there were significant overruns on the building contract for the Rosso Higher Technology Institute, twinning for the university and architectural plans for the campus). Disbursements totalled 962,850,946 UM (or 39.1 per cent of commitments and 46.2 per cent of the budget).

Achievements

Indicators

Quality indicators

Primary education

446. The indicators used to evaluate the qualitative performance of primary education are the repeat rate and the student/teacher ratio.

Repeat rate

447. The repeat rate fell by 6.8 points between 2005/06 and 2006/07, from 10.2 per cent to 3.4 per cent. Although this decline can be primarily attributed to the automatic promotion of students between the first and third years, the repeat rate was down for students in the fourth, fifth and sixth years. The PDNSE target is 9 per cent.

448. This rate is relatively heterogeneous by *wilaya*. It ranges from 9.7 per cent in Adrar to 0.1 per cent in Hodh El Gharbi, or a standard deviation of 3.4 points. Two main profiles emerge:

- *Wilayas where the rate was above the national average in 2005/06: Nouakchott (6.8 per cent), Tiris Zemour (7.1 per cent), Nouadhibou (7.8 per cent), Inchiri (9.6 per cent) and Adrar (9.7 per cent). With the exception of Inchiri, the rate declined in the four other wilayas between 2005/06 and 2006/07. The largest declines were in Nouakchott (-11.6 points) and Tiris Zemour (+10.4 points);*

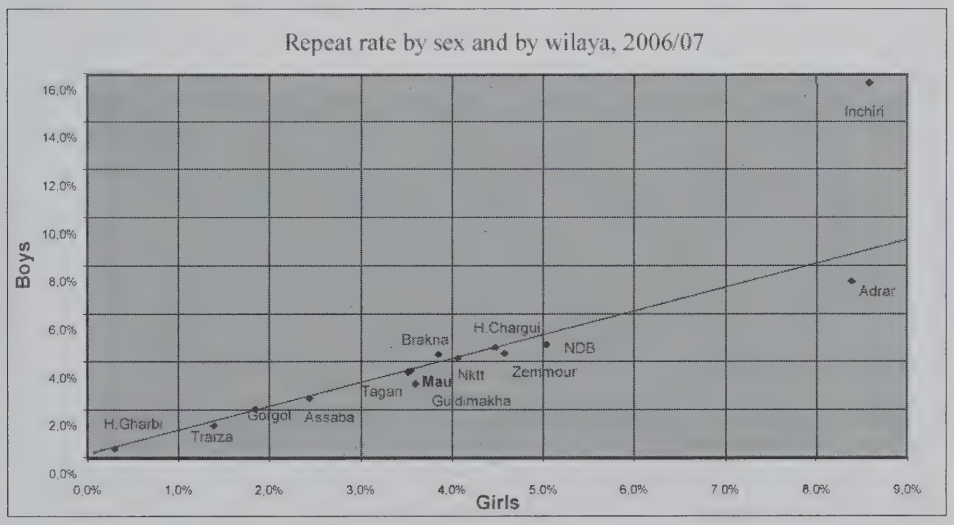
- *Wilayas where the repeat rate was below the national average in 2006/07: the two Hodhs, Assaba, Gorgol, Brakna, Trarza, Tagant and Guidimakha. The rate declined in all the wilayas in this group between 2005/06 and 2006/07.*

449. The following table illustrates the repeat rate over the years.

Table 9
Repeat rate by *wilaya* and by sex, 2001/02 to 2003/04

	2004/05			*2005/06*			*2006/07*		
Wilaya	B	G	T	B	G	T	B	G	T
Hodh Charghi	5.0%	5.0%	5.0%	4.0%	4.2%	4.1%	2.0%	1.9%	1.9%
Hodh El Gharbi	4.3%	4.6%	4.4%	2.6%	2.8%	2.7%	0.1%	0.2%	0.1%
Assaba	4.6%	4.2%	4.4%	3.6%	3.7%	3.7%	0.9%	1.1%	1.0%
Gorgol	10.4%	12.2%	11.3%	11.7%	13.2%	12.4%	2.1%	2.2%	2.2%
Brakna	9.1%	10.7%	9.9%	8.3%	9.3%	8.8%	3.3%	4.8%	3.1%
Trarza	8.3%	7.6%	8.0%	9.9%	9.9%	9.9%	1.4%	1.4%	1.4%
Adrar	9.2%	10.5%	9.8%	12.1%	11.5%	11.7%	9.5%	9.8%	9.7%
Nouadhibou	17.7%	16.3%	17.0%	16.8%	16.6%	16.7%	7.9%	7.8%	7.8%
Tagant	8.5%	9.0%	8.7%	7.6%	7.6%	7.6%	2.5%	2.6%	2.5%
Guidimakha	8.2%	7.5%	7.9%	10.2%	9.5%	9.8%	2.8%	2.2%	2.5%
Tiris Zemmour	15.6%	16.3%	15.9%	17.3%	17.6%	17.5%	7.2%	7.0%	7.1%
Inchiri	11.6%	13.7%	12.6%	5.6%	10.5%	8.0%	9.1%	10.1%	9.6%
Nouakchott	17.4%	17.9%	17.7%	18.5%	18.4%	18.4%	6.8%	6.8%	6.8%
National	**9.9%**	**10.3%**	**10.1%**	**10.1%**	**10.3%**	**10.2%**	**3.4%**	**3.4%**	**3.4%**

450. In gender terms, girls and boys had the same repeat rate in 2006/07. Examined by *wilaya*, the repeat rate of boys is lower than that of girls in almost all of the country's *wilayas* (10 of the 13), although the gap is often minimal.



Student/teacher ratio[38]

451. The student/teacher ratio in recent years has continued to progress. Between 2005/06 and 2006/07, it rose from 44 to 47 per teacher, exceeding the PNDSE target for 2010, which is 40 students per teacher. The 1999 reform projected a ratio of 50 students per teacher.

452. Relatively significant disparities emerge from the analysis of this ratio by *wilaya*. It ranges from 70 students per teacher in Gorgol to 17 in Inchiri. Compared to the national average, the following may be noted:

- *In 2006/07, Hodh Charghi (60), Assaba (54), Gorgol (70), Brakna (49 per cent) and Guidimakha (57) recorded student/teacher ratios above the national average and above the PNDSE target. Between 2005/06 and 2006/07, the ratio increased in all the wilayas in this group. The greatest increases were in Hodh Charghi (10 points) and Guidimakha (10 points)*;
- *Hodh El Gharbi (46), Trarza (38), Adrar (35), D. Nouadhibou (36), Tagant (45), Tiris Zemour (38), Inchiri (17) and Nouakchott (40) had ratios below the national average. The ratios for Hodh El Gharbi, Inchiri and Nouakchott dropped from their 2006/07 levels, while those for the remaining wilayas rose.*

453. The following table shows how the ratio has evolved from 2004 to 2007.

Table 10
Student/teacher ratio by *wilaya*, 2004/05 to 2006/07

Wilaya	*2004/05*	*2005/06*	*2006/07*
Hodh Charghi	48	50	60
Hodh El Gharbi	47	48	46
Assaba	53	53	54
Gorgol	60	62	70
Brakna	42	43	49
Trarza	34	38	38
Adrar	29	30	35
Nouadhibou	37	35	36
Tagant	36	37	45
Guidimakha	46	47	57
Tiris Zemmour	38	36	38
Inchiri	21	19	17
Nouakchott	42	41	40
National	43	44	47

454. The following indicators were used to evaluate the qualitative performance of secondary education: the total student/professor ratio, the student/professor ratio in the second cycle, the repeat rate in the first cycle, the repeat rate in the second cycle, the pass rate for the certificate of lower secondary education (BEPC), the percentage of science streams and the percentage of maths streams within the science streams.

[38] Applies only to public schools.

Total student/professor ratio

455. The global student/professor ratio (for both cycles combined) in 2006/07 was 26.9, slightly higher than in 2005/06 (when it was 26.8). The PNDSE target is 33.3 students per professor.

456. Examined by *wilaya* for 2006/07, the ratio ranges from 21.2 in Hodh Charghi to 42.5 in Hodh El Gharbi. All the *wilayas*, with the exception of Hodh El Gharbi, had ratios below the national average. The ratio increased between 2005/06 and 2006/07 in most of the *wilayas* (10 of the 13).

457. The following table shows how this ratio has evolved from 2003 to 2007.

Table 11
Total student/professor ratio by *wilaya*, 2003/04 to 2006/07

Wilaya	*2004/05*	*2005/06*	*2006/07*
Hodh Charghi	24.2	20	21.2
Hodh El Gharbi	22.1	23.9	42.5
Assaba	29.7	30.5	30.2
Gorgol	22.2	22.7	25.5
Brakna	22.6	26.3	27.2
Trarza	22.5	20.9	23.4
Adrar	22.4	19.6	25.1
Nouadhibou	26.1	35.3	27.8
Tagant	22.1	22.6	22.9
Guidimakha	22.6	27.4	28.2
Tiris Zemmour	26.5	25.4	27.9
Inchiri	18.8	20.6	23.4
Nouakchott	31.4	30.6	27.2
National	26.6	26.8	26.9

Repeat rate in the first cycle

458. The repeat rate in the first cycle fell by 3.6 points between 2005/06 and 2006/07, from 12.9 per cent to 9.3 per cent. The PNDSE target for 2010 is 7 per cent. In 2006/07, the repeat rate for girls in the first cycle was slightly lower than that for boys (9.4 per cent for boys, as opposed to 9.1 per cent for girls in 2005/06).

459. The following table shows how the repeat rate for girls has evolved between 2005 and 2007.

Table 12
Repeat rate for girls in the first secondary cycle by *wilaya*, 2005–2007

Wilaya	*2004/05*	*2005/06*	*2006/07*
Hodh Charghi	15.10%	14.00%	10.76%
Hodh El Gharbi	12.20%	11.70%	10.92%
Assaba	14.70%	15.10%	7.37%
Gorgol	27.00%	23.30%	23.76%
Brakna	15.00%	17.50%	6.88%

Wilaya	*2004/05*	*2005/06*	*2006/07*
Trarza	15.90%	10.00%	1.35%
Adrar	12.80%	21.00%	26.29%
Nouadhibou	17.10%	10.70%	3.19%
Tagant	13.20%	10.70%	12.67%
Guidimakha	18.70%	23.20%	16.74%
Tiris Zemmour	18.80%	5.00%	8.19%
Inchiri	10.70%	6.80%	0.00%
Nouakchott	14.10%	10.50%	8.30%
National	15.60%	12.90%	9.28%

Percentage of students in the science streams

460. The percentage of students in the science streams (C and D) was 70% in 2006/07, or three points less than in 2006/07 (73.1 per cent). The PNDSE target for 2010 is 74 per cent.

Percentage of students in the maths stream

461. The percentage of students in the maths stream (among all students in the science streams) fell, from 23.8 per cent in 2005/06 to 17.4 per cent in 2006/07. The target for the first phase of the PNDSE is 50 per cent.

FTP and higher education indicators

Technical and vocational training

462. The following indicators were used to monitor performance in the FTP subcomponent: the total integration rate of those trained, the integration rate for new training methods, the number of apprentices trained and the percentage of employers' contributions to the FTP budget.

Integration rate of students from the FTP

463. The latest survey of the integration of students from the FTP, conducted in 2006, dealt with the 2004/05 class. It found that the integration rate for the diploma holders covered by the survey, 18 months after their graduation, was an estimated 51 per cent. The 2003 survey found an integration rate of about 41 per cent. The PNDSE target is 60 per cent.

Integration rate for new training methods

464. No training was conducted based on new training methods in 2007. Nonetheless, the integration rate of work-study trainees in 2006 was an estimated 70 per cent.

Number of apprentices trained

465. There was no apprenticeship training in 2007. Since the start of the programme, 101 individuals have been trained as apprentices. The PNDSE targets the training of 500 apprentices by the year 2010.

Percentage of employers' contributions to the FTP budget

466. This indicator is calculated on the basis of the contributions of enterprises to continuing education costs in 2006. Such contributions were estimated in 2006/07 at 21 per cent. The target is 20 per cent.

Higher education

467. The indicators used to monitor performance in the higher education subcomponent were the internal effectiveness ratio and the percentage of vocational branches.

Internal effectiveness ratio

468. This ratio fell by 5 points between 2006 and 2007, from 36 per cent to 31 per cent. The target for 2010 is 60 per cent.

Percentage of vocational branches

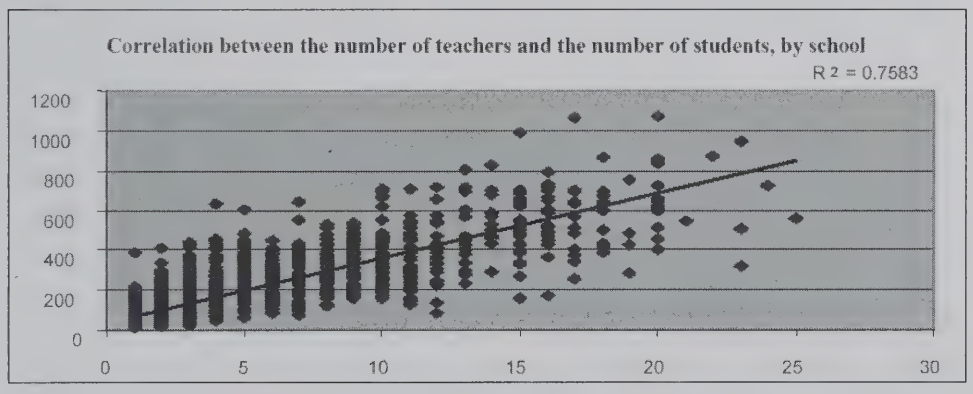
469. The percentage of vocational branches rose slightly between 2006 and 2007, from 3 per cent to 4 per cent. The PNDSE target for 2010 is 15 per cent.

Management indicators

470. Two indicators were used to monitor performance in the "management" component: the correlation between the number of teachers and the number of students, by school (R^2), and the share of State resources allocated to education.

Correlation between the number of teachers and the number of students, by school (R^2)

471. The correlation between the number of teachers and the number of students, by school, was 76 per cent in 2007, or 2 points less than in 2006. The target for 2010 is 85 per cent.



Share of State resources allocated to education

472. The share of State resources allocated to education in 2007 rose by 2 points over 2006. In 2007 it was 14.04 per cent, or 3.5 points below the PNDSE target for 2010. This increase follows a 2-point decline between 2005 and 2006.

473. The following table summarizes the various indicators mentioned in this report, their evolution from 2001 to 2007 and their target values.

Summary table

Component	Indicator	Evolution						Target values	
		2001–02	*2002–03*	*2003–04*	*2004–05*	*2005–06*	*2006–07*	*2005*	*2010*
Primary education									
Access	GER (B+G)	88.7	89.9	96	95.1	96.9	97.9	91	95
	% girls	48.8	49.2	49.4	49.9	49.8	50.0	48	50
	Access to 1AF (B+G)	117.3	110.3	108.8	115.9	119.4	119.7	100	100
	Retention (B+G)	45.1	47.3	40.2	44	43.3		67	78
	All-age schools	16.5	17.2	18.4	18.7	19.5	20.8	45	100
Quality	Repeat rate	14.7	15.9	15.8	10.1	10.2	3.4	9	7
	Student/teacher ratio	39	41	42.5	43.3	44	47	44	40
	Knowledge retention rate	Nd	Nd	Nd	ND	ND	ND	45	70
Secondary education									
Access	New entrants 1AS	16 380	19 232	19 494	18 555	18 301	21488	25 000	37 000
	Transition rate in 1AS	52.8	64	61.7	61.1	56.8	49.3	50	50
	% girls in the first cycle	43.3	44.9	45.4	46.5	45.8	44.5	50	50
Quality	Total student/professor ratio	26.7	28	29.6	26.6	26.8	26.9	33.3	31
	Repeat rate for 1st cycle	15.9	14.2	13.6	14.7	12.9	9.3	11	7
	Repeat rate for 2nd cycle	18.6	16.9	14.2	14.9	14.2		6	7
	% science streams	74.1	70.7	73.7	74.4	73.1		74	Nd
	% maths streams	25	25.6	22.9	24.3	23.8		50	Nd
Technical									
	Total trainee integration rate	Nd	41.2	Nd	51	nd	Nd	60	
	Total integration rate for new training methods	Nd	Nd	Nd	60	70	Nd	80	
	Number of apprentices trained	Nd	Nd	Nd	83	101	nd	200	500
	% employers' contribution to FTP budget	Nd	Nd	ND	12	12	21	20	
Higher education									
	Internal effectiveness	23	24	Nd		36	31	29	60
	% vocational branches (*)	Nd	14.6	14.6	14.7	3	4	15	
Management									
	Number of teachers/number of students per school	81	82	78.3	82.3	78	76	85	
	% State resources allocated to education	13.9	16.2	16.7	14	12	14.04	14.9	17.5

Achievements

474. Overall, of the 221 tasks planned under the PNDSE 2007 action plan, 127 were or are being completed (95 completed and 32 in progress), and 94 have not been completed.

Component	*Number of activities planned*	*Number of activities completed*	*Number of activities in progress*	*Number of activities not completed*
Management and supervision	52	29	7	16
Quality	69	32	9	28
Access and equity	42	15	11	16
FTP and higher education	58	19	5	34
Total	**221**	**95**	**32**	**94**

475. Following is a summary of the results achieved by programme subcomponent for each category of activity: equipment purchase, construction, training, technical assistance and financing (support funds).

Component A: Strengthening administrative, financial and educational management

476. Of the 52 activities planned for this component, 29 were completed, 7 are in progress and 16 have not yet been started. The main achievements for this component are as follows:

(a) *Equipment purchase: The first three quarters of 2007 saw the purchase of computer equipment for Regional Directorates for National Education (DREN) and IDEN (79 work stations, 11 photocopiers, 7 fax machines, etc.), office furniture (101 desks, 11 tables meeting tables, 90 cupboards, 280 chairs, etc.) and 2 servers (DSSP and DPEF). A tender was issued for the purchase of equipment, furniture and air conditioners for the Directorate for Human Resources (DRH)*;

(b) *Construction: 8 (built) IDEN were delivered, 2 DREN and the technical exam centre for the Primary School Teacher Training College (ENI) were renovated, and the basement of the DRH was converted into an archive room*;

(c) *Training: During the period covered by this report, the programme funded the training abroad of 29 senior national education managers, the in-country training of 15 persons on computerized exam management, a drafting workshop on grading criteria for educational and administrative inspections, the training of representatives of various institutions of the Ministry of National Education on new procedures for continuing education, and the organization of several training courses on the experience of action plans in three pilot wilayas (Hodh Charghi, Trarza and Adrar)*;

(d) *Technical assistance: A survey was conducted on the tracking of public expenditures on education (the survey has been completed and its findings are now being analysed); planning and monitoring tools are being developed for continuing education; an audit of the financial statements of IDA credits is under way; and an application is being developed to regionalize the database for managing the entrance exam for the first AS. A contract has been signed for the development of the SIGE, and the terms of reference have been prepared for technical support on automating the DRH archival system.*

Component B: Enhancing the quality and effectiveness of primary and secondary education

477. Of the 69 activities planned for this component, 32 have been completed, 9 are in progress and 28 have not yet been started. The main achievements for this component are as follows:

(a) Equipment purchase: 1) computer equipment for the ENI (44 computer work stations, 14 printers, etc.) and equipment for the Aioun ANI language lab; 2) computer and projection equipment (18 work stations, 12 photocopiers, 12 televisions, etc.), office equipment and furniture (18 desks, 100 tables and benches, 340 chairs, 5 air conditioners, etc.) for pre-school training centres; 3) 1,408,000 primary school textbooks and teaching guides and 733,600 textbooks for the first secondary cycle, which meets the needs for 8 different textbooks; 4) acquisition and distribution of educational and administrative management tools and teaching materials for secondary school (1,600 geometry kits); 5) equipment for the pre-school central accreditation and training unit; 6) toys and tables and benches for pilot regional kindergartens; and 7) laboratory equipment for the Higher Teacher Training College (ENS). Tenders were issued for purchasing a document collection for the ENS (17,400 books) and for publishing and printing 1,747,000 primary-school textbooks, as well as for purchasing equipment and document collections for the ENI libraries, science textbooks for the second secondary cycle (133,753 textbooks) and a document collection for the CFPE library;

(b) Construction: the ENS built classrooms, a laboratory and an Internet room; secondary schools received delivery of 15 laboratories and 8 libraries; the Nouakchott CNFPE was built and several pre-school resource centres were completed;

(c) Training: in the first nine months of 2007 the programme funded the training of ENI head teachers and instructors; librarians (who also attended a workshop on library "whiz kids"); 5 newly recruited education advisers; fourth-AS professors, on new programmes; laboratory teachers; and managers of CFPE regional courses and divisions. Language retraining at the ENI was provided thanks to technical assistance;

(d) Technical assistance: Technical assistance (twinning) was sought to support the reorganization of the ENI and the pursuit of technical support for strengthening MG/GG research teams.

Component C: Enhancing access to and equity of primary and secondary education

478. For this component, 15 of the 42 planned activities were completed, 11 are in progress and 15 have not yet been started. The main achievements were as follows:

(a) Equipment purchase: Implementation of the 2007 action plan permitted the purchase of basic teaching materials, the purchase (in progress) of classroom furniture (20,000 tables and benches), the purchase of food and equipment for school canteens and the purchase of equipment (delivered) for CFPM workshops (on sewing, hairdressing, catering and information technology);

(b) Construction: Implementation of the 2007 action plan allowed for 1) the completion (delivery) of 265 classrooms, 42 fences, 36 directors' offices and 93 latrines at the primary level and in 10 *collèges* (46 SDC) and 4 high schools at the secondary level; 2) starting the construction of 125 classrooms, 8 fences, 91 latrines and 44 directors' offices at the primary level and in 3 new *collèges* at the secondary level;

(c) Technical assistance: The technical audit of primary school classrooms was begun.

Component D: Enhancing the effectiveness and relevance of FTP and higher education

479. Of the 58 activities planned for this component, 19 were completed, 5 are in progress and 34 have not yet been completed. The main achievements are as follows:

(a) Equipment purchase: This included computer equipment for the University of Nouakchott (60 work stations, 5 printers, 5 servers, 2 photocopiers, etc.), equipment for the university's vocational branches (410 computers, 5 portable computers, 4 photocopiers, etc.), equipment and furniture for the University of Nouakchott (17 desks, 55 computer tables, 70 chairs, etc.) and 4 sets of workshop equipment for mechanics, electricity, electronics and information technology for FTP institutions. A tender has been issued for the purchase of laboratory equipment for the Technical Sciences Faculty;

(b) Construction: Work has begun on the Rosso Higher Technology Institute, and several FTP institutions have been renovated. The architectural firm in charge of designing the future campus of the University of Nouakchott has just submitted its preliminary designs;

(c) Training: A study tour has been arranged for the team of the National Federation of Reception and Social Integration Associations (FNARS), funding of a study tour for installing the LMD system, training 10 section heads in FTP institutions, local training sessions as part of a twinning programme on course design, and teacher training and technical training of FTP trainers;

(d) Technical assistance: a twinning programme has been implemented on course design for FTP establishments, the National Institute for the Promotion of Technical and Vocational Training (INAP-FTP) has published the report of its annual survey on the integration of FTP graduates in 2004, a study was completed on new training methods, the mobilization process was launched for assistance on course design for the FAP-FTP, and technical support was mobilized for architectural and technical studies on the University of Nouakchott campus;

(e) Support funds: The FAP-FTP and the FNARS continued their habitual activities. In this context, 82 requests were considered by the FAP-FTP, of which 51 were approved. Research projects supported by the FNARS are making satisfactory progress.

Practical impact of the policy on equal access and promotion of literacy

Male/female ratio in literacy promotion activities

480. Education policies have contributed to a decline in illiteracy, which fell sharply, from 70 per cent in 1988 to 54.7 per cent in 2000 and 39.4 per cent in 2004:

- The EPCV 2004 survey found that 56.7 per cent of Mauritanians aged 15 and over are literate;
- The literacy gap varies by sex, age, place of residence and socio-economic group;
- The literacy rate for men is 17 points higher than that for women: 64.6 per cent of men, as opposèd to 47.5 per cent of women, are literate.

481. The gender gap is considerably more pronounced among the oldest segments of the population: the literacy rate is twice as high among men aged 45 and over as it is for women in the same age group.

482. The gender gap is also apparent between urban and rural areas: it is even greater in rural areas, where 36.7 per cent of women are literate, as opposed to 51.8 per cent of men.

483. The gender gap persists within each *wilaya*. The *wilayas* of El Gharbi, Trarza and Assaba registered the largest such gap, with literacy rates for men that were 20, 18 and 17 points, respectively, higher than those for women. The lowest gap between the sexes was registered in Dakhlet Nouadhibou, where it was 8.5 points higher for men.

Vulnerable and disadvantaged groups

484. The most vulnerable groups are still distinguished by several recurring characteristics: the economic situation of the parents, the geographical location of the family, and the sex of the child.

485. It has indeed been established that the children of disadvantaged and/or rural families are often induced to contribute to the family's livelihood, to the detriment of their studies, which they end up abandoning.

486. Similarly, girls are at greater risk of dropping out in rural areas, where the social psychology that relegates them to the role of housewife is more deeply entrenched.

487. At the national level, in 2007 the ratio of men to women who pursue higher education was about 72 per cent to 28 per cent; despite the low representation of women, this figure is actually 2 points higher than in 2006. The fact that vulnerable groups include children whose school is located quite far from their parents' habitual place residence should also be taken into account.

488. According to a study, "Analysis of the available data shows that 18.3 per cent of students in the first AF in 2003 attended a school that did not offer classes at a higher level. The findings of the 2004 EPCV point to the major impact of the proximity of school on the retention rate. The probability of completing the primary cycle for children who live less than 45 minutes away from school is 66.3 per cent. This falls to 51.1 per cent for children who live more than 45 minutes away. The survey also showed that the main reason for dropping out for 37.5 per cent of the children who left school before completing the primary cycle has to do with the availability of schools: 17 per cent drop out because there are no schools available, and 20.5 per cent because the available schools are unsuitable".[39]

489. According to the same study, "In terms of demand, the EPCV shows that the child's socio-economic profile has a major impact on his chances of completing the primary cycle. If his household belongs to the poorest 40 per cent of the population, his chances of completing the primary cycle are an average 49.3 per cent. This rises to 76.1 per cent if the household is part of the richest 20 per cent".

Steps taken, or to be taken, to guarantee equal access to all levels of education[40]

490. The regulatory framework discussed above is complemented by incentives for teachers, especially as concerns the most vulnerable population groups.

Increased capacity

491. The increased capacity of establishments takes the following form:

- The expansion of the primary school network, particularly in rural areas, reflects the political will to reduce disparities and bring schools closer to children. Implementation of the PNDSE (PNDSE mid-term review, April 2005) involves a

[39] Case study on the continuity between the second cycle of secondary education and higher education, conducted by Mr. SOUMARE Oumar (Dir. Ens. Sec.) and Mr. THIAM Djiby (expert en education) on behalf of ADAE for the 2008 biennial on education in Africa.

[40] *Ibid.*

programme to build more than 2,000 classrooms, which is now under way, and the renovation of several schools;

- Merging several smaller schools into all-age schools that offer educational continuity for children through the end of whichever cycle they have started. This was very difficult to implement in some regions because of their particular political situations. Where it was possible to do so, however, major results were achieved in terms of retention and better use of resources, especially teacher;
- Establishing neighbourhood *collèges* (45 of which have been built under the PNDSE) to deter students from dropping out before the end of the primary cycle, which happens very frequently when children must leave their family in order to continue secondary schooling. This is particularly the case for girls. In some places, student numbers are so low that they do not permit the opening of a neighbourhood *collège*; means of transport, such as minibuses, are made available to local parent committees to send girls to school.

Increase in the number of teachers

492. Independent contractors (retirees and unemployed diploma holders) are hired to meet the need for teachers that arises from the increased number of schools and *collèges* in order to bring the schools as close to the students as possible. Such hiring barely begins to approach the PNDSE projections of 600 new teachers and 150 professors per year from 2001 to 2005, and of 250 new professors per year from 2006 to 2010).

Incentive bonuses

493. **Distance allowances have** been instituted to encourage teachers to serve in the most remote areas of the country. Primary schools, and institutions in remote areas, recorded the highest absentee rates and had curriculum completion rates at least twice as low as in urban regions. More than 40 per cent of teachers and professors receive such allowances.

494. A **classroom allowance** has been instituted exclusively for classroom teaching staff. This is intended to encourage teachers to remain in the classrooms and to stem the exodus to administrative positions (such as directors of studies and principals). The amount of this allowance is equal to the post allowance of a director of studies and higher than that of a principal.

495. The two allowances are paid only upon presentation of a certificate of attendance signed by the headmaster or principal. The number of absences among teachers and professors has been considerably reduced as a result of these measures, thereby helping to increase the curriculum completion rate and enhance the quality of education.

496. The more widespread use of the competency-based approach has made teaching practices more attractive for students, who sometimes find courses too theoretical and very boring.

497. All teachers in the primary and first secondary cycle have been trained in this approach.

Education for girls

498. **Prizes are awarded to girls** who excel in national exams. The prizes are granted in coordination with the Ministry for Women and Children.

499. Communities are supported by **providing housing and shelter** for displaced girls and by the creation of income-generating activities for associations of teaching mothers (e.g. market gardens, small businesses, sewing and hairdressing workshops, etc.)

500. **Promotional materials** (e.g. calendars and notebooks) on **education for girls** are disseminated by women role models. In addition, at the end of each school year the Ministry organizes meetings between girls who excel in their school's end-of-term compositions and high-ranking or otherwise successful professional women (such as doctors, professors, executives and lawyers). These meetings are intended to show girls that even girls from disadvantaged backgrounds can succeed.

501. All of these measures for greater equity have made it possible to achieve girl-boy parity in primary education. The percentage of girls in secondary school continues to rise, and was nearly 45 per cent in 2005.

502. **Scholarships are awarded to all students who are displaced** for educational reasons, with **priority given to girls**. This has been accompanied by the training of multidisciplinary professors in the first cycle, which covers all the disciplines that are taught with a minimum number of professors.

Elimination of repeating

503. Repeating of the first to fourth years has been eliminated in primary education, which has reduced the number of students who leave school after failing several classes. The cost of schooling for parents has come down further.

504. The rules for promotion from the first primary to the secondary cycle have been modified to allow for greater fluidity between the two cycles in order to increase the number of students who are promoted to the first year of secondary school, which has now been extended by one year, marked by the certificate of lower secondary education. This certificate offers several opportunities for employment through competitions open to those who have received it, or to enrol in vocational schools. The rehabilitation of this certificate has motivated several students to pursue their studies to the end of the first secondary cycle.

School canteens

505. All rural schools now have canteens. This has encouraged parents to keep their children in school, if only to have their children fed on weekdays.

506. The Government/WFP Country Programme – Core Activity No. 1/2003–2008 has made it possible to meet the target of 1,136 canteens in 2005 for 95,030 ration recipients. The number was expected to reach 164,000 in 2008, but because of the reduction in the WFP contribution, it was reduced to some 130,000. The programme, which is funded by WFP, is executed by the Directorate of School Canteens and Nutrition under the supervision of the Ministry of National Education. The terms of reference for a national strategy on school feeding have already been prepared.

Contribution of technical and vocational training

507. The PNDSE included a role for technical and vocational training in its strategy in order to make enterprises more competitive. Technical and vocational training is a decisive factor in the employability of young people and the mobility of adults. It has been aided by a development strategy for 2001–2010, which has based all training policies on the economy's demands for skills. The objective is to enable the FTP mechanism to meet the needs of individuals and of enterprises. This is organized around the following approaches: 1) Making FTP more demand-driven; 2) enhancing the quality, relevance and effectiveness of FTP; 3) strengthening and adapting the capacity and type of available FTP training; and 4) reconfiguring the institutional framework.

508. In order to make FTP more demand-driven, the Autonomous Fund for the Promotion of Technical and Vocational Training (FAP-FTP) was created in June 2002.

This demand-driven funding mechanism is intended primarily to encourage Mauritanian private enterprises to participate in the development of technical and vocational training methods that meet their needs for skills through partial financial assistance.

509. The Fund is administered by a financial grants committee made up of five representatives of the State and five representatives of the private sector. The committee's president and vice-president are elected for two-year terms and alternatively represent the State and the private sector.

510. Because they encourage integration and guarantee a close ongoing relationship between training and the needs of the economy, the training methods based on collaboration with enterprise (work-study and apprenticeships) are favoured by the FAP-FTP, which also funds continuing education of employees and employers and training new entrepreneurs for self-employment.

511. The FAP-FTP is housed by the INAP-FTP, which serves as its secretariat and manages its operations.

512. Operational since January 2004, the FAP-FTP has to date approved financing for 200 training courses for a total of 25,109 training hours for **3,854 beneficiaries** from the formal and informal sectors. The global cost of these courses is 213,825,309 UM, or 173,657,356 UM funded by the FAP-FTP and the remainder covered by enterprises.

513. The activities of the FAP-FTP have significantly altered the way that both enterprises and training institutions view, design and manage training. This is reflected in a considerable increase in the number of new training institutions for enterprises and in their renewed interest in training.

Measures to promote (maternal) languages

514. Four national languages are recognized by the Mauritanian Constitution: Arabic (official language), Pulaar, Soninke and Wolof (national languages). With the exception of Arabic, these languages have been taught only since the early 1980s.

515. Several key dates stand out in this regard:

- **1979**. Creation of the National Language Institute (Decree No. 79.348/PG/MFS of 10/12/1979), mandated to "implement an educational system ensuring cultural independence, in which Arab shall be the unitary language spoken by all Mauritanians, based on the following principles: making all national languages official; transcribing Pulaar, Soninke and Wolof into the Latin alphabet; creating a national language institute; and teaching the national languages, which should eventually produce the same prospects as does Arabic";
- **1982–1983**. The creation of experimental classes: since the teachers were trained and teaching tools and appropriate terminologies developed, experimental classes have been teaching exclusively in the national (maternal) languages;
- **1988**. The year 1988 marked the promotion to the sixth AF of the first national language learners: Promotion to the first secondary cycle was hampered by the lack of educational continuity. A medium-term solution was then implemented, which involved absorbing all students from the experimental classes who were entering the first year of *collège* into the two existing streams (Arabic and bilingual speakers), depending on the parents' choice. Students in lower classes were given a de facto retraining with the introduction of Arabic or French beginning in the third AF, depending on the choice of language;
- **1999**. The year 1999 saw the last reform, which unified the educational system and instituted a mechanism to eliminate the streams system through a process of

elimination. The immediate impact of Act No. **99–012** on the national languages policy was the dissolution of the National Language Institute and its replacement by the department in charge of national languages and linguistics, which is a part of the Social Sciences Faculty.

516. In terms of financial assistance, the Mauritanian State had provided increased funding for the now-defunct National Language Institute, whose budget at the time of its creation in 1979 was **16,500,000 UM**, vs. **38,129,290.59 UM** in 1999, the date of its dissolution.

Conditions of teaching staff (UNESCO, 5 October 1966)

Salaries compared to other State employees

517. The following table details the salaries paid to the teaching staff of Mauritania's public education system.

Salary index of national teaching staff by category[41]

Grade	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*
Professor of Higher Ed. A1	1 350	1 400	1 450	1 500	1 550	1 600	1 650	1 700	1 750	1 800	1 850
A2	1 200	1 250	1 300	1 350	1 400	1 450	1 500	1 550	1 600	1 650	1 700
A3	1 100	1 150	1 200	1 250	1 300	1 350	1 400	1 450	1 500	1 550	1 600
A4	1 010	1 060	1 110	1 160	1 210	1 260	1 310	1 360	1 410	1 460	1 510
Assoc. Professor	950	990	1 040	1 110	1 200	1 270	1 330	1 410	1 450	1 475	1 500
Prof. of 1st cycle of secondary education	810	890	970	1 050	1 130	1 200	1 270	1 350	1 400	1 425	1 450
Prof. of 2nd cycle of secondary education	650	730	820	900	950	1 000	1 080	1 150	1 180	1 220	1 250
Primary school teacher	560	600	650	700	750	800	850	900	960	1 020	1 100
Asst. primary school teacher	400	460	500	540	580	620	660	720	760	800	850
Monitor	300	330	360	390	420	450	480	520	550	570	600

Measures that have been or will be taken to improve the living standards of teaching staff

518. **Decree No. 2007–029/PM** of 19 January 2007, which amends the index point value, increases pensions and amends certain provisions of Decree No. 2006–003 of 20 January 2006, provides as follows:

- **Article 1**: "Teachers working for the Ministry of Primary and Secondary Education (National Education) and who are engaged in classroom teaching shall receive, for the duration of the school year (nine months out of twelve), a tax-free **monthly classroom allowance of** 5,000 ouguiyas";
- **Article 6**: "Professors of higher education shall receive a **research allowance** and a **training allowance** in conformity with the tables in Annexes II-6 and II-7";

[41] The salary indexes of primary education inspectors vary.

- **Article** 7: "The **hardship allowance**, **incentive bonus** and **training allowance** for professors of higher education shall be granted only to those who are teaching in institutions of higher education, and shall be completely covered by these institutions";
- **Article 8**: "The education dispensed by professors of higher education, in addition to their statutory responsibilities, shall be remunerated by institutions of higher education at the hourly rate of the salary scale provided in Annex II-8".

Proportion of educational institutions (all levels) not created or administered by the State

519. The private educational system in Mauritania is established by Order No. 81–212 on private education and by Decree No. 82–015 of 12 February 1982 on conditions for establishing and monitoring private educational institutions.

520. Under **article 3** of the Order, "private educational institutions are considered to be those institutions created through private, individual or joint initiative in order to provide collective education to at least six children or adults on a continuing basis, directly or through correspondence".

521. Private education covers all educational cycles, except for higher education:[42] the primary cycle, the secondary cycle, and technical and vocational training, as well as institutions offering remedial classes, evening classes or classes to prepare for exams (**articles 4** and **5** of the Order).

522. The following are not considered to be private institutions: kindergartens, nursery schools or day-school centres, *mahadras*, and institutions created by State-recognized cultural or religious associations that offer free education (**article 6** of the Order).

523. The opening of a private institution is subject to the approval of the Minister of the Interior and the Minister in charge of the proposed training (**articles 2, 3** and **4** of Decree No. 82–015). An institution is formally opened after submitting what is known as an "opening report" to the appropriate authorities. Under this procedure, the Directorate of Private Education registered 178 primary institutions nationwide for the 2006/07 school year.

524. For 2007/08, 172 opening reports were submitted; this is a preliminary figure, as 45 other functioning schools have not yet submitted their reports.

525. In the 2006/07 school year, there were 95 private secondary institutions out of a total of 239 institutions, compared to 82 in 2005/06. The number of teachers in private institutions climbed over the same period from 484 to 1,132; in public institutions, the number rose from 3,105 to 2,932.

Assessment of the conformity of legislation, regulations and practices with the spirit of article 13

526. Overall, Mauritania's legislative and regulatory environment respects article 13.

527. Some provisions could, however, be improved so as to make that environment even more compliant.

[42] The legislation will have to be updated to take account of the incipient liberalization of higher education.

528. Major steps have been taken to prune educational programmes and textbooks of images that promote stereotypes, whether community, tribal, religious or sexist in nature.

529. With respect to the national language promotion policy, language teaching in primary school would strengthen the provisions of article 12 of Act No. 99–012 of 26 April 1999, which established the university's National Language Department to replace the National Language Institute.

Potential role of international assistance in realizing the right laid down in article 13

530. International assistance plays a major backup and supporting role in the development of Mauritanian education.

531. For the 2007 action plan, such assistance amounted to nearly **75 per cent** of the total budget (or **13,639,110,994 UM), 32 per cent of which** was allocated to the "access" component and 30 per cent to the "quality" component.

532. A sizeable increase in these two amounts should make it possible to meet the PNDSE targets more effectively. Those targets, to the year 2010, are for a primary school GER of 100 per cent and a secondary school GER of 40 per cent, a significant improvement in the retention rate in each cycle (70 per cent in primary school in 2010) and an increase in the number of apprenticeships (average 50-per-cent knowledge retention rate in the fifth AF in 2010).

Article 15
Legislative and other measures undertaken to ensure the exercise of the right of everyone to take part in the cultural life of their choice

533. The Mauritanian Constitution guarantees everyone the right to take part in the cultural life of their choice, including freedom of artistic creation (art. 10).

534. Within this framework, all of the country's community-based groups contribute to the development of national culture through the expression of their specific cultural features, and nothing in the law, or in facts, prohibits them from participating in the cultural life of their choice.

Funds available to encourage cultural development and the participation of everyone in cultural life, including development assistance and private initiative

535. Other than the annual State budget allocated to the Department of Culture in general, and the funds recently unblocked for the project on "Heritage and creativity for sustainable development in Mauritania", financed by the Spanish cooperation agency in the amount of 7,500,000 United States dollars for the *wilayas* of Nouakchott, Adrar and Aioun, there are no funds available for the programmes of the Department of Culture.

Institutional infrastructures created to implement measures undertaken to promote the participation of everyone in cultural life

536. Several institutions have been created to ensure the full enjoyment of cultural rights.

537. These institutions are as follows:

Directorate for Cultural Heritage of the Ministry of Culture

538. The Directorate for Cultural Heritage is responsible for:

- Monitoring the application of the laws and regulations on the understanding and conservation of cultural heritage;
- Ensuring and overseeing the inventory, collection and classification of representative elements of the heritage, both physical and intangible, in order to guarantee their conservation and their availability to the public;
- Monitoring the state of conservation of historic sites and monuments and overseeing the necessary restoration work by specialized agencies.

Activities

539. The Directorate promotes cultural development by organizing such events as:

- Poetry prizes: in Arabic, Hassanya, Pulaar, Soninke and Wolof;
- Prizes for the plastic arts;
- Music prizes;
- Nouakchott cultural season;
- Public Reading Days;
- Support fund for cultural development;
- Publication, in collaboration with the French cooperation agency, of brochures on Mauritanian heritage (writers, ornaments and headgear, traditional furniture, etc.).

National Museum Office

540. Because of its scientific and technical nature, museums are the cornerstone of all conservation and development of cultural heritage.

541. Given the wealth of Mauritania's physical and intangible cultural heritage, it has proven indispensable to have adequate staff available to organize, conserve and promote its museums.

542. This is the reason for the creation of the National Museum Office, whose principal mission is to develop museums, including specialized museums, throughout the country.

543. All the *wilayas* are given the opportunity to participate fully in rehabilitating the country's cultural heritage.

Missions

544. The National Museum Office has been entrusted with the following missions:

- Making the cultural heritage available to the public, including through exhibitions, lectures, symposiums, publications, journals, brochures and audiovisual supports, etc;
- Creating and managing museums throughout the country;
- Promoting and supporting the development of museums, including specialized museums;
- Collecting, restoring and conserving museum pieces;

- Helping to develop the cultural heritage through the appropriate means;
- Drafting and implementing a training policy on museum sciences for museum staff;
- Contributing to the implanting of, and respect for, the cultural heritage among youth, including through school museum trips;
- Developing partnerships with international institutions specialized in the same fields of activity;
- Encouraging patronage of museum construction and management.

545. The following should also be noted:

- The project to create a Mauritanian music museum in Néma;
- The creation of an agriculture museum in Kaédi;
- The introduction of national languages to museums;
- The collection of instruments in the valley.

National Library

546. The National Library and Public Reading Space is a public administrative institution and legal entity with financial autonomy.

Missions

547. The National Library discharges several missions:

- To acquire, conserve and make available to users all national print materials and the essence of written civilization;
- To encourage foreign literary production about Mauritania and reference materials in this collection;
- To ensure the statutory deposit of national publications;
- To increase and enrich its collections, through purchases, gifts and exchanges;
- To develop and disseminate a national bibliography;
- To organize and participate in cultural events, such as exhibitions, fairs, etc.;
- To oversee the preparation of the catalogue of collections in accordance with current legislation;
- To contribute to the dissemination of knowledge by developing regional libraries;
- To assist researchers and students by granting them access to the collections and providing them with the necessary assistance;
- To monitor, encourage and coordinate policies on the development of public reading and the collection of statistical data required to evaluate such policies and to conduct technical supervision of libraries and publishing houses;
- To introduce techniques for innovation, publishing, distributing and promoting books in Mauritania and abroad and to make a significant contribution to the development of publishing houses and commercial libraries, as well as to introduce new technologies, studies and research on reading and the publishing industry;
- To supervise and promote public reading activities nationwide;

- To introduce modern technical tools for the organization and management of the National Library and of regional and local libraries;
- To plan and coordinate activities organized by public libraries ;
- To enhance the skills of Library staff through targeted training;
- To develop partnerships with subregional, regional and international institutions.

National Foundation for Safeguarding Ancient Mauritanian Cities

548. The Foundation's mission is to safeguard the ancient cities inscribed on the World Heritage List and to initiate, coordinate and implement programmes for their preservation and for safeguarding their heritage.

Mauritanian Institute for Scientific Research

549. The Mauritanian Institute for Scientific Research is a public administrative institution in the scientific, cultural and technical field. Its mission is to:

(a) Promote, organize and coordinate scientific research in all the human sciences;

(b) Conduct research, protection, restoration, development and dissemination of documents of scientific or artistic value, such as manuscripts, printed matter, audiovisual materials, works of art, etc.;

(c) Initiate studies and research and take measures leading to better understanding, enrichment, conservation, development and dissemination of the nation's cultural, physical and scientific heritage;

(d) Encourage training, retraining and more advanced training for national or foreigner researchers in the social sciences.

Regional Offices of Culture and Communication

550. Regional offices represent the Ministry of Culture at the regional level, serving as its operational agency in direct daily contact with the population. As such, they are technical and administrative bodies in which all of the Ministry's directorates are represented.

551. The fundamental role of the regional offices is to perform administrative, technical and organizational tasks under the authority of the wali and in conformity with the general guidelines and programmes established by the Ministry and its directorates on the basis of government guidelines and policies on culture and communication.

552. The regional offices must bring to the attention of the Ministry all proposals made at the local level that are likely to enrich and guide the department's overall action programme or help in devising new policies that take account of the specific concerns of the population.

553. As part of this mission, and under the authority of the wali, the regional offices organize, monitor and manage associations, and also ensure that cultural and socio-educational activities are carried out using the facilities and establishments within its competence.

Missions

554. The regional offices have a number of missions:

- To animate local cultural life by periodically organizing events for the public;
- To organize and staff existing organizations and encourage the creation of new ones;

- To compile an inventory, preserve and conserve the elements of each *wilaya*'s heritage;
- To discover and integrate new talent into the nation's cultural fields;
- To provide technical support to public libraries;
- To help carry out and promote programmes for books, reading and combating illiteracy.

Promotion of cultural identity as a factor of mutual appreciation among individuals, groups, nations and regions

555. The promotion of cultural identity is a major focus of government policy, which is to enable all ethnic groups to promote their own culture. This is achieved by providing the various ethnic groups, without any discrimination whatsoever, with access to official media (radio, television, newspapers) and to the independent press, so as to ensure the broad dissemination of national cultures.

Promotion of awareness and enjoyment of the cultural heritage of ethnic groups, minorities and indigenous peoples

556. All ethnic groups (Moors, Halpulaars, Soninkes and Wolofs) enjoy the same facilities for becoming familiar with and enjoying their cultural heritage.

The role of the information and communications media in encouraging participation in cultural life

557. The information and communications media (public and private) encourage the participation of everyone in cultural life, as they are accessible without discrimination.

Safeguarding and preserving the cultural heritage of humanity

558. Safeguarding and preserving the cultural heritage of humanity is a national priority in Mauritania.

559. The public authorities, with the support of various partners, and UNESCO in particular, work to safeguard the ancient cities (Oualata, Chinguitti, Tichitt and Ouadane) inscribed on the World Heritage List.

560. Similarly, ancient manuscripts and public works (mosques and *mahadras*) enjoy special protection under the policy on safeguarding the cultural heritage.

Legislation protecting freedom of cultural creation and cultural production, including the freedom to disseminate the products of these activities, and any restrictions or limitations that may be placed on this freedom

561. Freedom of cultural creation and production is protected by article 10 of the Constitution, by which the State guarantees all citizens their public and individual freedoms, including "freedom of intellectual, artistic and scientific creative effort".

IV. Conclusion

562. Despite the world economic and financial crisis, and despite its status as a heavily indebted poor country, the Islamic Republic of Mauritania deploys enormous efforts to ensuring the full realization of economic, social and cultural rights.

563. To that end, for several years it has endeavoured, through implementation of the Strategic Framework for Poverty Reduction, to reduce poverty and conduct social and economic programmes with the support of its development partners in order to achieve, by the year 2015, a proportion of 17 per cent of the population living above the poverty line and also thereby to achieve the MDGs.

564. In the cultural sphere, multi-ethnic diversity – which is an asset for the Mauritanian people, who are Muslim, Arabic and African – requires the means and the strategies that will enable everyone to enjoy their own culture in a democratic environment.

565. To that end, the public authorities are providing infrastructure (such as buildings, institutions, media and other forms of support) and promulgating laws that guarantee respect for the culture of non-citizens.

566. Nonetheless, the Government remains convinced that international cooperation in the economic, social and cultural fields is important to ensure the effective implementation of the Covenant.

567. Difficulties remain in reaching this objective, which calls for significant resources. Despite everything, however, Mauritania remains attached to the ideals and values of the International Covenant on Economic, Social and Cultural Rights.